Supreme Court, U. S.
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MICHAEL RODAK, JR., CLERK

APPENDIX.

IN THE

Supreme Court of the United States

October Term, 1977.

77-

No. 152.

BETH ISRAEL HOSPITAL,

PETITIONER,

v.

NATIONAL LABOR RELATIONS BOARD,

RESPONDENT.

ON APPEAL FROM A JUDGMENT OF THE UNITED STATES COURT OF APPEALS FOR THE FIRST CIRCUIT.

DOCKETED JULY 27, 1977.

CERTIORARI GRANTED JANUARY 16, 1978.

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Chronological List of Relevant Docket Entries.

10-29-74	Charge filed.
2-21-75	Complaint and notice of hearing dated.
2-26-75	Respondent's answer to complaint and notice of hearing received.
4- 9-75	Amendment to complaint dated.
4-10-75	Regional Director's teletype rescheduling hearing dated.
4-22-75	Respondent's answer to amendment to complaint received.
4-24-75	Hearing opened.
4-25-75	Hearing closed.
6- 4-75	General Counsel's motion to amend record dated.
7-25-75	Administrative Law Judge's Decision issued.
9-19-75	Respondent's exceptions to Administrative Law Judge's Decision received.
4-30-76	Decision and Order issued by the National Labor Relations Board.
7-12-76	Board's application for enforcement.
7-29-76	Respondent's answer to application filed.
4-29-77	Opinion and Decree of U. S. Circuit Court of Appeals for the First Circuit issued.
5-19-77	Motion to stay order filed.
5-20-77	Denial of motion to stay order issued.
7-27-77	Petition for writ of certiorari.
1-16-78	Order granting certiorari issued.

Transcript Excerpts.*

Vol. 1

BEFORE THE NATIONAL LABOR RELATIONS BOARD

REGION ONE

Case No. 1-CA-10,200

In the Matter of:

BETH ISRAEL HOSPITAL
Employer
and
MASSACHUSETTS HOSPITAL WORKERS' UNION LOCAL 880, SERVICE EMPLOYEES' INTERNATIONAL UNION, AFL-CIO
Respondent

Hearing Room 607
Bulfinch Building
15 New Chardon Street
Boston, Massachusetts
Thursday, April 24, 1975

The above entitled matter came on for hearing, pursuant to Notice, at 10:00 o'clock a.m.

BEFORE:

Honorable IVAR H. PETERSON, Administrative Law Judge

APPEARANCES:

JEANNE BAUM, Esq., Bulfinch Building, 15 New Chardon Street, Boston, Massachusetts, appearing as Counsel for the General Counsel.

CSA Reporting

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* Spelling errors in the original have not been corrected.

APPEARANCES (Continued):

ARNOLD M. MARROW, Esq., Bulfinch Building, 15 New Chardon Street, Boston, Massachusetts, appearing as Counsel for the General Counsel.

[2]

JONATHAN HIATT, Esq., Law firm of Angoff, Goldman, Manning, Pyle & Wanger, 44 School Street, Boston, Mass., appearing on behalf of the Union.

ROBERT CHANDLER, Esq., Law firm of Stoneman, Chandler & Miller, 79 Milk Street, Boston, Mass., appearing on behalf of the Employer.

VERNON C. STONEMAN, Esq., Law firm of Stoneman, Chandler & Miller, 79 Milk Street, Boston, Mass. appearing on behalf of the Employer.

[8]

MS. BAUM:

. . .

Now we have reached agreement as to many of the documents that we wish to introduce, and we are introducing them as joint exhibits.

[14]

MS. BAUM: Exhibit No. 21(a), a photo of the south side of the cafeteria.

(The document above-referred to was marked Joint Exhibit 21(a) for identification.)

MS. BAUM: Exhibit 21(b), another photograph of the travel brochure rack and the non-official bulletin board area in the cafeteria.

(The document above-referred to was marked Joint Exhibit 21(b) for identification.)

[15]

MS. BAUM: I think this next exhibit will show where that is. This is another picture, this time a color picture, 21(c), of the area which I believe is called the non-official bulletin board area which was described in Joint Exhibit No. 2.

(The document above-referred to was marked Joint Exhibit 21(c) for identification.)

MS. BAUM: Joint Exhibit 21(d), which is a color photograph of the car pool board.

(The document above-referred to was marked Joint Exhibit 21(d) for identification.)

. . .

MS. BAUM: At this time the parties have agreed to a stipulation that on March 3 through 10, 1975, there was a table set up in the dining room during National Nutrition Week which had literature which was distributed to employees and to visitors.

MR. CHANDLER: That's not what the stipulation was. There was no stipulation as to distribution. There was

literature that was on the tables, and it included nutritional ideas for employees as well as visitors and patients.

MS. BAUM: My apologies.

[16]

JUDGE PETERSON: The record will so show. It is received.

MR. CHANDLER: We can agree that someone was manning the table, yes.

JUDGE PETERSON: Very well.

. . .

MS. BAUM: Your Honor, parties have also agreed to stipulate that on the table underneath the bulletin board, the non-official bulletin board, literature is often left on the table that is considered commercial literature. We have several examples of that here, a tennis camp advertisement, an envelope for Kodacolor film, magazine subscription, an insurance application, etc.

MR. CHANDLER: Just for clarification purposes, the stipulation does not include who was responsible for putting the material on that table.

JUDGE PETERSON: Yes, I understand.

[18]

MR. CHANDLER: I have this Joint Exhibit 25, a survey that was conducted by the dietary department with Miss Lorraine Jacoby directing the survey. This is a four page document and the purpose of the survey at the time was to estimate the need for alerting Emmanuel College to the possibility of using their facility in the event that people utilizing the cafeteria would be moved over to Emmanuel College during a period of modernization and renovation of the cafeteria area.

(The document above-referred to was marked Joint Exhibit No. 25 for identification.)

MR. CHANDLER: We have also developed a stipulation as to how this survey was conducted. And I will give you a brief description of that.

The three volunteers each day were stationed at the top of a line of paying customers, people who would purchase from the line. And they were asked to identify themselves, and then a list of departments — the employees were broken down by department, and also as to whether they were employees or non-employees, and I think the survey speaks for itself.

The survey was conducted during the three meals, breakfast, lunch and dinner, and I believe that the hours of those three meals are delineated in the booklet "Patient Information" that is already in evidence.

In addition to the three meals, the cafeteria is also open for a coffee break from nine o'clock until nine forty-five,

[19]

at which time only coffee is served.

There are vending machines located in the north cafeteria and anyone who uses the cafeteria need not purchase items, by going through the line. They may purchase from these vending machines.

Employees and visitors to the cafeteria facility may elect to bring their own lunch without going through this line. Also, I thnk we would want to bring out that one individual may purchase items in the line for others, so that whether the individual was a guest or a visitor or an employee, he may be purchasing for two or three. This should be kept in mind when analysing the survey.

In addition to the three meals and the coffee hour, the cafeteria is open between the hours of 10:30 and midnight to staff officers.

The individual conducting the survey, Lorraine Jacoby, is the director of the dietary department. The cafeteria has a seating capacity of 275, and the average volume per day

of individuals who purchase through the line is 1,500 individuals.

. . .

MR. CHANDLER:

[20]

The cafeteria is set up for employees and for other individuals, and employees primarily use the cafeteria during their non-working time.

MR. HIATT: That's argument as to what it is set up for. The choice of words is all I object to.

MR. CHANDLER: Let's change that stipulation to read that employees who use the cafeteria generally use it during their non-working time.

JUDGE PETERSON: Is that agreeable?

MS. BAUM: Yes.

MR. CHANDLER: The normal visiting hours at the hospital are from 2:30 p.m. until 8:00 p.m., although on page 8 on the patient information booklet the hours are listed in detail.

I think that sums up the stipulations on the survey and the cafeteria details.

JUDGE PETERSON: Very well.

Does General Counsel concur in that?

MS. BAUM: Yes.

MR. MARROW: Yes.

MS. BAUM: Your Honor, we have further agreed to stipulation —

MR. CHANDLER: Excuse me. I think there is one other thing that we omitted, and that is the coffee shop, the physical set up of the coffee shop which is in the immediate vicinity of the cafeteria.

MS. BAUM: We haven't discussed this at all before.

[21]

MR. CHANDLER: It has a seating capacity of approximately 30 people, and there are vending machines in this area.

MS. BAUM: It's also open 24 hours.

MR. CHANDLER: Open 24 hours a day.

JUDGE PETERSON: All right.

MS. BAUM: A further stipulation concerns the solicitation-distribution of literature that has gone on since at least 1966, and probably before for the Combined Jewish Philanthropies and the United Fund. These are publicized through newsletters accompanying paychecks.

In the most recent United Fund campaign, tables were set up for distribution of literature in the cafeteria. And there is also personal distribution of pledge cards.

JUDGE PETERSON: Is that agreeable with you, Mr. Chandler?

MR. CHANDLER: Yes, with the understanding that these are the only two authorized campaigns that are specifically permitted by the hospital.

[23]

MR. CHANDLER: The parties have agreed to stipulate that there are certain areas, for the purposes of definition, that will come into play in this matter. We have defined them as follows.

There are work areas in which employees are to perform work. Those areas include patient areas, but are not limited to patient areas. There are employee only areas which include locker rooms and in some cases adjacent restroom facilities.

We will submit on a joint basis an exhibit that will further define where the locker room areas are located, and how many there are, and who has access to them.

There are also public areas within the hospital which include the gift shop, rest rooms, corridors, elevators and lobbies. I think both the parties and the Board understand the question as to whether the coffee shop and cafeteria are public area as opposed to employee area is the reason

[24]

why we are here today.

MR. HIATT: It's an issue; it's not the only issue.

JUDGE PETERSON: Is that agreeable?

MR. CHANDLER: Yes.

MS. BAUM: Yes.

[30]

MRS. BAUM: The parties have also agreed to the following stipulation:

That solicitation among employees — strike that.

On occasion there have been collections for the usual types of employee gifts for wedding gifts, baby gifts, et cetera, within that individuals department.

JUDGE PETERSON: All right, proceed.

MRS. BAUM: Your Honor, we have a rather cumbersome exhibit here, a large map of the floor of the hospital that contains a cafeteria. We would like to have permission to duplicate the area that is pertinent and not the whole area.

JUDGE PETERSON: All right.

MRS. BAUM: This is Exhibit No. 20.

JUDGE PETERSON: That's the layout map of the cafeteria.

MRS. BAUM: And we would at this time like to — Ms. Cronin, the personnel director, to explain and mark the map.

Whereupon,

ANNE CRONIN

was called upon as a witness, by and on behalf of the General Counsel and, having been first duly sworn, was examined and testified as follows:

[31]

DIRECT EXAMINATION

Q. (By Mrs. Baum) Ms. Cronin, what is your position in the hospital?

A. Director of personnel services.

Q. All right.

At this time I would like to have a clear picture of what this map is supposed to represent. Would you please describe it so the record will be able to understand?

A. This map, which is outlined in red — although the copy will probably not come out in red — is the area in the hospital in the second floor which serves as the cafeteria and coffee shop for the hospitals patients, visitors, volunteers, et cetera.

There are two main entrances —

Q. Could you mark those?

A. How do you want me to mark them, with an X?

Q. With an X.

A. Two main entrances to the cafeteria, which I am marking with an X. There is also a third entrance to the cafeteria, I might say there are two main entrances and exits to the cafeteria, which are marked with an X. And another one, which has entrance and egress, I believe, to the research building immediately adjacent. That is at the far end of the

[32]

southeast corner of the cafeteria. I shall mark that with a double X.

The two main entrances to the cafeteria, which I indicated before, lead to serving lines of the cafeteria. I shall mark those with SL. One is on the so-called north side of the cafeteria. And, the other is on the so-called south side of the cafeteria.

Running through the center part of both sides of the cafeteria are the serving lines. They are open except for the

barriers of the steam tables in the cafeteria line. At the end of those lines would be the cashiers, for each serving line. I will put a C there to indicate where the cashiers sit.

Immediately behind this area is a somewhat enclosed area, except at the extreme southerly end of it, and that is the dish room, which I will mark with a DR, where the washing of dishes take place, and the trays.

Now, on either side of the cafeteria, that is on either side of the steam tables, are the seating areas for the people who use the cafeteria. That is clearly marked here I think on the map by lines which indicate dining areas.

The employees have the choice of going through either line of the cafeteria that they want, and sitting really on any side, any side they wish to, to have their lunch.

The seating area on the south side of the cafeteria

[33]

is larger than the seating area on the north side of the cafeteria. For the simple reason that the north side of the cafeteria, at the near — near the entrance does have a series of small offices, which are used by the dietary personnel. That explains the difference in the seating capacity.

I don't know whether there is anything else you wanted described in the cafeteria itself, but I can talk about the coffee shop.

Q. We discussed yesterday the nonofficial bulletin, could you please mark where that is?

A. The area for the nonofficial bulletin board in the cafeteria is, I will mark that PB. At the far end, I guess I would call it the southerly end of the south side of the cafeteria, which employees would pass when they go to bring back their trays and distribute the silver for washng and so forth and so on. So, it is in the little corner there marked PB.

Q. And you refer to the north side and the south side of the dining room, this is essentially then is one dining room?

A. Yes.

Q. And the only employee dining room?

A. Yes.

On the drawing —

MR. CHANDLER: I will have to object to the form of

[34]

that question and the answer.

She said the only employee dining room. I think we have a stipulation in the record that it is used by employeed, but it is not —

MRS. BAUM: If I may amend, I would like to omit employee. The only dining room.

JUDGE PETERSON: All right.

THE WITNESS: There is also an area here on this chart which is clearly coffee shop. This has a — one entrance and one exit. And, at the rear of that room — this is a closed in room. At the rear of that room there are several vending machines for cold drinks, hot drinks, hot drinks, and a few other kinds of snacks.

This coffee shop is — seats I think maybe 30 to 35-40 people if it is fully occupied. And it is open 24 hours a day.

Q. (By Mrs. Baum) Where are the vending machines in the cafeteria itself that we discussed yesterday?

A. On the north side of the cafeteria. There are a couple of vending machines for hot and cold drinks. And I will mark the area with a VM.

They are up against the wall, the back wall of one of the offices of — that are used by the dietary department.

[35]

CROSS EXAMINATION

Q. (By Mr. Chandler) Ms. Cronin, you have indicated where the nonofficial bulletin board is. Is that the same

area in which the magazine rack for travel literature and commercial literature is located?

A. Yes.

Q. And there was an exhibit introduced into evidence yesterday, Joint Exhibit 21(d), which is a carpool board that was posted in the cafeteria area. Can you indicate where that —

A. Yes, that is in the same area which I have put on the map and marked PB. It is really against the wall opposite the rear windows of this little area.

. . .

REDIRECT EXAMINATION

Q. (By Mr. Hiatt) Can you also note for the record where the nutrition table was set up the week of the leaflets were distributed from a table?

A. No, I could not, because I didn't happen to go over to the cafeteria that week. I really couldn't indicate it. I

[36]

suspect that we sometimes —

MR. CHANDLER: If you don't know —

THE WITNESS: I really don't know.

Q. (By Mr. Hiatt) Possibly you could also note where the person was standing, the volunteer was standing who took the survey that has been introduced as part of exhibit —

A. I have been told by the director of dietetics that it was right here, why don't I put V on either side of the beginning of the cafeteria line. I didn't observe it, she told me that's where they were.

RECROSS EXAMINATION

Q. (By Mr. Chandler) Could you indicate for the record what the area surrounding the cafeteria are?

A. Well, I will try. This area here is all windows looking out on the back part of the hospital.

JUDGE PETERSON: By that you are indicating the area facing where the legends are, where the writing is.

THE WITNESS: Right.

This is all windows running along there.

JUDGE PETERSON: And that would be what direction, direction-wise?

THE WITNESS: Going west — north. Sorry, because they call this the south building, that is really south, but in my opinion it is almost west, but I guess it is aouthwest.

[37]

JUDGE PETERSON: Thank you.

THE WITNESS: There are windows here at the end of the cafeteria, and I would call that really almost directly south.

Now, on this side — I have indicated here that this is the entrance and exit to the research building.

Q. (By Mr. Chandler) That is where the double X's are?

A. Yes, so that would be just a door stairwell.

All along here, along this —

Q. That is the east side is it?

A. It's called the north side.

Q. North side?

A. Yes.

All along here this is really a wall now. It was formerly windows, but when this construction was built several years ago, this is now a wall.

On the other side of this — there is no way of getting out through this wall.

On the other side of this, on the second floor, I believe, that is 2 East.

Q. Where is 2 East?

A. Over here, all of this.

Q. They are labeled E — and they are patient rooms?

A. Yes, I believe these are used — I know I have got two gentlemen in here who could tell me what these are, but it

[38]

is all blocked off from the cafeteria. I really can't tell you.
Q. You indicated that there are three entrances and exits to the cafeteria. What is immediately on the outside of each of those entrances and exits?
A. Okay. As I said this double X here is the stairway into the research building, one of the reserach buildings.

Here at these two doorways is really a corridor that runs on — along here. At this end of the corridor is one of the dietary offices.

Over here is the Dietetic lounge, the lunge [sic] the dietary interns use for classes, et cetera.

MRS. BAUM: Can I ask that she mark that?

THE WITNESS: Dietetic interns — it is a conference room it is not a lounge.

And this is the dietary office. Dietary office, dietary office. Then as I indicated before, this is the entrance to and the exit to the coffee shop.

Now, this is a wall, all along here.
Q. (By Mr. Chandler) Yes.
A. And in front of that wall would be the main lobby of the hospital and at this point, it would be adjacent to the admitting office. And here would be the gift shop —
Q. Now, when you are saying this as a designated S-200, what is that area?

[39]

A. That is the lobby where the patients wait to be admitted to the hospital or where they may wait for the doctors to come down and give them a report on a patient. Around here I think are some private rooms where the doctors could take —
Q. Let the record show she is pointing now to S-2003, S-2007 and S-2005(a).

A. No, not 5(a), just 2007 and 2003.
Q. Those two rooms are for again?
A. They are the lobby and some small rooms that I think are used for individual conferences.
Q. Okay.
A. Now, right here in this area S-205 and S-2005(a) is the gift shop and the small storage room for the gift shop, which is run by the women's auxiliary. It is a gift shop for the hospital.

Along here leading into the main way to get into the cafeteria is a hallway.
Q. Now this is a corridor that runs then between S-2003 and S-2009?
A. Right.

That corridor leads off of the main corridor which runs on the second floor through the south building and the north building. And on the right wall of that corridor are three elevators which lead up to the patient floors.

[40]

FURTHER REDIRECT EXAMINATION

Q. (By Mrs. Baum) Is there a scale on this map?
A. I don't see one.
Q. This area at the bottom of the area that is marked as the dining area seems to be included as part of the cafeteria.
A. It actually is a corridor outside the cafeteria and coffee shop. Its the means of entrance and exit from the main part of the hospital.
Q. Could you mark the area that is a corridor and that is not included in the cafeteria?
A. I will draw a line from one end to the other, and out here at the side I will mark corridor.

[42]

MRS. BAUM: And here also I would like to have some testimony on it from Ms. Cronin.

Q. (By Mrs. Baum) This map does have a scale?

A. Yes.

Q. Where is the front of the hospital?

A. The front of the hospital is facing out on Brookline Avenue, which is marked on the map.

Q. Looking at the hospital from Brookline Avenue, to the left, it is bordered by what?

A. It is bordered by an iron rail fence, bordering the property of Immanuel College.

Q. Looking at the hospital from the front, what is on the righthand side?

A. The front right is the property of the Mass College of Art.

Halfway down, about on the right is a street, whch is a private way, called Binney Street. And then for the remaining part of the way down on the righthand side bordering the Beth Israel property is the Longwood Medical Building Trust.

Q. To the back of the Beth Israel property, what borders at that that point?

A. On the back on the left Immanueal College extends over to possibly about a third of the way. The rest of the property is almost entirely taken up by the Judge Baker Garden Center, with a small right of way between Im-

[43]

manuel and Baker, which obviously belongs the-to the Beth Israel Hospital, it is marked here. I don't know whether that right of way is exercised or not.

At the end of the Beth Israel property, just before you come to the end of it on the right is a 1200 foot wide easement which serves as an entrance and exits for anybody

who wants to then come in that way to the hospital from either the Children's Hospital or parking garage, or Black Fan Street, which is on the other side of the Judge Baker Garden Center.

Q. Could you mark that on the map please?

A. How would you like me to mark it?

Q. Entrance.

A. And exit. I will circle that so it will stand out a bit.

Q. This area that says Children's Hospital, that's a parking section —

A. That's a parking garage for Children's.

Q. Now you said there was a fence seperating Immanuel College?

A. All along the lefthand border, indicated on the map.

Q. Is there a fence along the back of the property?

A. Yes.

Q. Then how do Beth Israel employees get from the back of the property through to Black Fan Street?

[44]

A. Through this 1200 foot wide easement, which is indicated here.

Q. There is an opening in the fence at this point?

A. There is steps, it is a wide walkway and you can walk through there.

Q. Is there any entrance, an egress for cars in the back?

A. Not from that one.

Q. Is there another area in the back where cars may drive through?

A. All the wya around.

Q. You talked about all the way around on the Beth Israel property?

A. There is no way they can enter except this way, and exit here on the front.

Q. Now, directing your attention the the front of the hospital, there is an area in approximately the middle of this sketch that says "Right of Way for the Use of Lot B," does this still exit, this area here?
A. This area exits, but it is not available for anyone but the construction workers who are working on the new building, which is going up in that central area there.

The front of that area can be used as exits for the cars that go in this way, out onto Brookline Avenue.
Q. Now there was an area in front of the hospital buildings that is empty on this sketch. What is that area before it

[45]

hits Brookline Avenue?
A. Before it hits Brookline Avenue, this area here in this little section here has two large, I guess you would call them trailers, that are used for the Clerk of the Works of the Construction.
Q. Could you write trailers.
A. The rest of the area fronting right on — facing into Curstine Hall on the righthand side of the door are parking spaces. And all this area, all along here —
Q. The record can't —
A. All right.

All the area on the front of the lot in front of Curstine Hall, facing out onto Brookline Avenue has spaces for cars to park, with the exception of a small walkway from Brookline Avenue right to the main entrance of Curstine Hall, which I have indicated by a little line marked walkwy.
Q. This area in front, it is used as a street or an alley that cars drive up?
A. Are you talking about —
Q. Yes.

Here, right here.

A. Its employees, visitors and anybody coming into the hospital have a tendency to walk through there, but it is also an area that cars have to drive through.
Q. And this right of way on the righthand side of the

[46]

hospital building, is that an area for pedistrians or for cars?
A. It is primarily for cars, it is where they come into the garage or to get into the back of the hospital parking area, but people coming in either to the farage or to the hospital have a tendency to walk down that too.
Q. So that is not a public street?
A. No.

. . .

MR. CHANDLER: The parties would like to submit the following stipulation:

That the newsletters from the General Director are distributed in the following manner, authorized personnel from each department go to the payroll department to pick up payroll checks and at the same time, they pick up the appropriate number of newsletters, return to their respective departments and distribute the newsletters and the checks together. Except in a few instances where the departments are so large, such as in several nursing departments, in which case the employees may pick up the newsletters and check from the payroll — pick them up them-

[47]

selves at the department

. . .

[49]

MR. CHANDLER: . . . we have entered stipulations and we can agree that this hospital is in a metropolitan area.

It is in a college community, it is a busy section. I don't know what purpose is gained —

MRS. BAUM: That hasn't been on the record yet.

MR. CHANDLER: I am saying we will stipulate to that

[50]

rather than go through this line of questioning.

MRS. BAUM: I would agree to that stipulation.

. . .

ANTHONY AVENI

was called as a witness, by and on behalf of the Respondent and, having been first duly sworn, was examined and testifies as follows:

DIRECT EXAMINATION

Q. (By Mr. Chandler) You are an employee of the Beth Israel Hospital?

A. Yes, I am.

Q. What is your position?

[51]

A. Assistant director patient support services.

Q. And what are your responsibilities in that position?

A. I am the assistant to the director of patient support services, which include the department of dietary health keping distribution services, production services, communication services, and I probably have forgotten purchasing. That shoudl be it.

Q. Are you familiar with the campaign tht was conducted in March called, the BAD Campaign?

A. Yes, I am.

Q. And what was your role in that?

A. I was the coordinator of the BAD program.

Q. Could you tell us something about the campaign?

A. BAD program was a short duration high intensity cost reduction effort on the part of the Beth Israel.

Q. Can you teli us something as to how the program was conducted during this short period of time?

A. The program was basically consisted of three parts. The first part being a Teaster program, where week was put aside for stimulation for participation by employees by means of a sign campaign and payroll stuffers. The second, third, and fourth weeks of the campaign were used to retrieve from employees their so-called BAD ideas in order to save explicityl a dollar a day in the effort of their job.

[52]

The final part of the program was to review these suggestions, analyze them and then hopefully implement them with the idea of saving bottom line money on the hospital.

Q. BAD are the initials for Buck a Day?

A. Buck A Day. The tease week was intended to stimulate interest in what BAD meant, and then the kickoff week explaine what BAD stood for, Back A Day.

Q. Now what kinds of communications took place during the first week of the program?

A. To put the question in perspective, there were a group of some 65 employees who acted as team leaders for the various areas in the hospital. Communication with these employees was direct in meetings and through literature, thatthe program provided. Indicating how they would function as a team leader —

Q. Were there posters or other advertisements of the program placed throughout the hospital?

A. Yes, there were.

The program called for a five day program of each day placing in the hospital various teasing posters, to the

extent of explaining the BAD guys are coming, Watch for the BAD guys, and placed in the hospital.

Q. Were patients in any way made aware of the campaign of the program?

A. During the initial week they were not, intentionally made aware.

[53]

Q. And how is that?

A. The effort was to place the posters the size, the banner in nonpatient areas, non direct patient areas.

Q. And after the first week?

A. Once we had the kickoff day, which was after the five day program, and it was generally known and we explained what BAD stood for, we widespread distributed the posters and the banners explaining that BAD meant Buck A day.

Q. Was this explained to patients as well as employees?

A. For those patients that requested it, information, it was.

Q. Did you receive any complaints from patients or visitors as to the program?

A. To my knowledge, no.

Q. Did you receive any suggestions from visitors or patients to this program?

A. Yes, we did.

We received directly from inpatients approximately a half dozen suggestions. We received comments, verbal comments from many visitors in the corridors.

Q. What kind of verbal comments are you saying?

A. Complimentary comments.

Q. Do you have an estimate as to the what the cost savings were as a result of this program to the hospital?

A. As a result of the analysis, which is incomplete at

[54]

the moment, but on the basis of almost — over 2,000 suggestions received; taking approximately 300 of them that seemed to be implementable. We have documented over $55,000 in actual savings and are projecting hopefully over $125,000 in savings.

CROSS EXAMINATION

Q. (By Mrs. Baum) You say that signs were posted and you mentioned payroll stuffers. Would you please explain what you mean by payroll stuffers, first of all?

A. The week before the program was kicked off, there was a payday and a half sheet of paper was inserted with each paycheck.

Q. These signs, where wer they posted?

A. To my knowledge they were posted in working areas —

Q. Specific areas?

A. Specifics?

Q. Yes.

A. They were posted in locker rooms, they were posted in the cafeteria, they were posted in corridor ways of employee work areas, and they were put in conference rooms and they were put in many offices and placed in the Curstine Hall building. And I would say there were some 40 or 50 locations.

Q. Were there any signs distributed or posted on patient areas on the floors near nursing stations?

[55]

A. The initial week the Teaser Week that I referred to, to my knowledge the posters on patient floors were restricted to the rear rooms of a nursing station or the nursing conference rooms.

There was nothing in the corridors for the patients and the visitors—

Q. That is the initial week?
A. That is the initial week. That is which week we were working under the TEASE of BAD, not explaining it.

When the program was announced and we got into then what BAD stood for, the various displays were prominently displayed in placing stations and corridors.
Q. Were there posters all the same size? Did they vary in size?
A. They varied in size.
Q. What was the smallest size?
A. The smallest was a stand up figure, approximately three inches high.
Q. And what was the largest?
A. Probably a poster that was approximately three foot by four foot—then there was a banner that was six by three.
Q. You mentioned locker rooms, were they posted in all the locker rooms?
A. Not in all locker rooms, in some of the locker rooms.

[56]

MR. HIATT: I have a couple of questions.
Q. (By Mr. Hiatt) You mentioned that that first Teaser Week, when the campaign had not yet been explained that you did not post posters or signs or whatever in patient areas. What was the reason for that?
A. It was our intent that the word BAD not fully explained might not be appropriately received.
Q. And in what way?
A. Just the connotation of what BAD would—what is the word BAD mean in the hospital.
Q. And wouldn't that be true for employees also?
A. It is our opinion no.

Q. Well, what is the difference in terms of why you choose to put them in employee areas that week and not in patient areas?
A. It is our intent in the program to reach employees, not the patients.
Q. But you weren't afraid of the connotations in terms of employees for that first teaser week?
A. The word connotation or afraid didn't enter into the decision.

MR. CHANDLER: I think we—go ahead, I'm sorry.
Q. (By Mr. Hiatt) I'm sorry?
A. The words afraid or connotation were not part of the decision.

[57]

Q. For employees?
A. We were approaching the program to tease employees for participation, therefore our efforts were directed to where employees would be. And, therefore, we would be able to tease them.
Q. But the connotations did enter into it in terms of keeping it out of the patient areas that first week?
A. Right.
Q. Just one other question. Are you aware of the fact that the BAD poster that was taped over the vending machines in the coffee shop, taped to the wall?
A. You mean literally over the machines?
Q. It might not have been right over the machines, but in the vending machine area? In the coffee shop or anywhere on the wall of the coffee shop, are you acquainted with that particular poster?
A. There were many posters put up. I don't know which particular—
Q. Are you aware of any BAD posters that were taped to the wall in the coffee shop?

A. In the second week I believe.
Q. You are aware?
A. I am aware that there were posters in the cafeteria area.
Q. Was that an official poster, that wasn't unilaterally

[58]

posted by some employee who put it up?
A. Not knowing exactly which poster and which day or which time you are talking about; I—
Q. Did you ever authorize anyone to tape a BAD poster to the wall in the coffee shop?
A. Yes, I did.

. . .

MRS. BAUM: Your Honor, the parties have agreed previously that the following stipulation should be entered.

That employees do not live at the hospital and they must commute. There are no residents on the premises today although there are sleeping rooms for house staff. I believe residents and interns.

MS. CRONIN: Right.

MRS. BAUM: We have also agreed that there are approximately [2200] employees excluding the house staff positions, and the attending physicians and students, excluding Harvard employees from that.

MR. CHANDLER: There is an additional stipulation, I think the first day of hearing we didn't have an answer as to the midnight supper that is held in the cafeteria be-

[59]

tween the hours of 10:30 and 12 p.m. This midnight supper is primarily for house staff, although any employee may use the cafeteria during that time. The average use

during this midnight supper is between 7 and 30 employees.

JUDGE PETERSON: Is that agreeable?

MRS. BAUM: Yes.

JUDGE PETERSON: All right.

MRS. BAUM: There was I believe, a further stipulation about the parking at the parking lot, which is some three blocks away from the Hospital. This is a parking lot which is used by the several Harvard hospitals in the area, and there is a shuttle bus which operates at intervals to transport employees to the hospital. It makes stops along the way at the various hospitals where employees embark and employees are also transported to the parking lot by the shuttle buses. These employees work at the several hospitals I believe as stated.

[60]

JAMES BRACE

was called as a witness, by and on behalf of the Respondent and, having been first duly sworn, was examined and testified as follows:

. . .

DIRECT EXAMINATION

Q. (By Mr. Chandler) Mr. Brace, are you employed by Beth Israel Hospital?
A. Yes.
Q. And what is your position?
A. Assistant administrator of housekeeping.
Q. And are you familiar with the locker rooms that are available throughout the hospital for employees and non-employees?
A. Yes, I am.

[61]

• • •

MR. CHANDLER: The Respondent in this matter does not feel, and it will be a matter of argument, that the question of access of employees, alternative access to employees is a consideration in this matter. But we will present a stiplation that we have prepard jointly and argue as to relevance, in the briefs.

[62]

The parties stipulate that there are certain non-working areas, employee non-working areas, certain locker rooms in which any employee may enter and engage in solicitation or distribution during his or her non-working time.

There are other areas that are locker rooms, also non-working areas, that for reasons of security are not open to solicitation or distribution by all hospital employees, but are available for distribution and solicitation by employees who are assigned lockers in such areas.

There are other locker room areas that patients and general public have access to, and some of these are in corridors, others are separate locker rooms and in these areas no distribution or solicitation is permitted.

There are lockers in certain work areas, such as conference rooms and no distribution or solicitation is permitted in these areas.

I think we can present testimony as to which or where these lockers are and how many and so forth through the witness that is now on the stand.

MR. MARROW: An essence to add, there are four categories that have been defined by Mr. Chandler, and he will illicit testimony.

JUDGE PETERSON: Very well.

Q. (By Mr. Chandler) Mr. Brace, I show you this five page document that is identified as Joint Exhibit No. 31,

[63]

would you be able to indicate for the record what this document is first of all?

A. This is a list of all the locker rooms for employees that we have knowledge of or lockers, excuse me, lockers.

Q. So these are all the lockers that are in the Beth Israel hospital?

A. Placed in various areas for employees.

Q. And you have broken down the lockers by numbers and location and by use?

A. Correct.

Q. Would you be prepared to indicate, for the record, which lockers or which locker areas on the exhibit are available for any employee to engage in solicitation and distribution?

A. How do you mean?

Q. We have sitpulated as to four subject categories of lockers. One of them, certain locker areas may be utilized by any employee whether they have a locker in that area or not. They may utilize that area for engaging in solicitation or distribution.

Would you be able to indicate what areas those are?

A. Yes.

Q. Wouldyou please?

A. Locker Room SD07, numbered Locker Room 1 it is in the south basement—

[64]

Q. I'm sorry. You are on page one of this exhibit?

A. Yes.

The bottom, the last entry.

There is 114 lockers in there.

Q. And that is an area in which any employee may engage in solicitation or distribution?

A. It is a non-work area.

Q. Could you continue through the exhibit—

A. And on the next page, you have 159 lockers, and it is located in the South basement, again, Locker Room No. 2.

Next you have 249 lockers located in the south basement and it is numbered—Locker Room No. 3.

Then we have 85 lockers located in the south basement SBO9, Locker Room No. 4.

Q. Are there any locker room facilities listed on the third page titled miscellaneous lockers, which are available to any employee for the purposes of solicitation and distribution?

A. Not if we follow the rules that we set down for locker rooms, 1, 2, 3, and 4.

Q. Okay.

And on the fourth page, same question.

A. Same answer.

Q. And lockers that are confined to the nursing stations,

[65]

Page five of the exhibit?

A. That would be the same.

Q. The answer is no?

A. Right.

Q. Now going back to the beginning of the exhibit, could you review the document and indicate what areas are employee only locker rooms that for reasons of security or other reasons are not open to colitidation to all of the employees of the hospital, but are open to colicitation and distribution for—by employees who are assigned to that area, during their non-working time?

A. I would think the first locker, EDO1. NLB 36, LB27,

SV01, R3 54, the X-ray areas, SV 321, SV 325, SV 3281, E401, N507, N516, S531, and that's all.

MR. CHANDLER: The parties have agreed to submit this exhibit, Joint Exhibit 31, after marking it appropriately for the four categories, as stipulated to. That is rather than take the time at this time through a witness. We will present it in that fashion. . . .

[67]

MR. CHANDLER: I have what has been marked for identification as Joint Exhibit 31, and all parties have agreed to submit this Joint Exhibit with the categories 1, 2, 3, 4, as described in earlier testimony, designated as to each locker area or facility.

MR. CHANDLER: There are two other stipulations that I think we can enter into at this time.

One involves the hospital's position as to giving this union or any union a list of employees names and addresses. And the hospital's position is that they have not and will not give the union a list of names and addresses, as we feel that they are not entitled to it, unless there should be an election and, pursuant to an excellsior type situation, when the Board orders that we give them such a list.

The other stipulation is that the hospital has never attempted to bar either outside union organizers or employee organizers from soliciting or distributing litera-

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ture off the hospital premises and public areas.

JUDGE PETERSON: Is that agreeable?

MRS. BAUM: Yes.

. . .

ROBERT HESS

was called upon, as a witness, by and on behalf of the General Counsel and, having been first duly sworn, was examined and testified as follows:

. . .

DIRECT EXAMINATION

Q. (By Mrs. Baum) How long have you worked at Beth Israel Hospital?

A. Some months over six years.

Q. What is your job there?

A. I am a respiratory therapist.

Q. I would like to direct your attention to the year 1973. Do you recall any posters that were posted in the cafeteria

[69]

soliciting funds?

A. I do.

Q. What were these posters?

A. The posters were soliciting funds for the Israel Emergency Fund.

Q. Do you recall what they said?

A. As best I recall, they were hand lettered posters taped to the walls, both in the cafeteria proper, north side, and the entrance to the north side line, that said, Give to the Israel Emergency Fund, contact the develppment office and had an extension number, I believe it was 691, although I am not positive about that.

Q. Do you remember approximately when this was, what time of year, the date or month?

A. It was around Yom Kippur, it was simultaneous with the war.

Q. When is that?

A. Yom Kippur, if I recall correctly is in the fall.

[71]

ANN SCHUNIOR

was called upon, as a witness by and on behalf of the General Counsel and, having been first duly sworn, was examined and testified as follows:

. . .

DIRECT EXAMINATION

Q. (By Mrs. Baum) How long have you worked at Beth Israel Hospital?

A. A little over a year.

Q. What do you do there?

A. I am a research technician in the Department of Medicine.

Q. I would like to direct your attention to October 25, the date you were distributing literature, in 1974, was this work time?

A. No, I was on my lunch hour.

Q. In your year and a quarter, how often have you gone to the employee locker rooms, if ever?

A. Since the union election last April, before that I wasn't in them at all—since the election I am probably in the locker rooms once a week, once every two weeks.

Q. For what purpose?

A. It's the only place we can legally distribute as we see it, and talk to employees about the union, and that is what I do there.

[72]

Q. Are there any bulletin boards in these locker rooms?

A. I have been in two women's locker rooms, the two that are mentioned in the last exhibit, that are in the

basement of the south building, I think it is South Basement 16 and 18.

. . .

Q. (By Mrs. Baum) Will you continue please?
A. The larger of the two locker rooms, South building 18 has no bulletinboards. There is one bulletin board in Basement 16.
Q. On all your many trips to the locker rooms, have you seen many hospital—let me rephrase that.

And, has the hospital posted any notices or any literature in these locker rooms?

[73]

A. I know of nothing posted in Room 18.

Room 16 has nothing on the bulletin board. It has—there is a door that seperates [sic] the sort of a lounge locker room area from the restroom, and it has a door. And that door has a bulletin board—no, I'm sorry. That door has a poster with a very I think out of date sign on it, that is titled something like Notice of hours for women and minors.
Q. Let's go back upstairs to the cafeteria. Can you tell us how, if it possible to distinguish between visitors and—let me strike that.

How often do you eat in the cafeteria?
A. I about—often like three to four days a week eat lunch there. Maybe one or two mornings a week I will sit down for five or ten minutes and have a cup of coffee with someone before work.
Q. What other times might you be in the cafeteria?
A. I go through the cafeteria—other than that at least two times a day and often a dozen times a day. I work in the Landy Building, which is the building Ms. Cronin referred to as the research building, that you get to out the back door of the cafeteria.

That is the easiest access in and out so I come to work through the cafeteria and I leave through the cafeteria and any time I want to go then to the office of the de-

[74]

partment of medicine, to the Xerox machines, to the library, to the personnel office; I come and go through the cafeteria.
Q. How can you tell the difference between employees and other people, visitors, patients and the other people?
A. The other people.

There are a lot of differences. Employees, many of them wear uniforms. All of them are supposed to wear name tags. All employees are issued name tags, and almost all employees do wear name tags.

MR. CHANDLER: I'm sorry, I didn't hear that.

THE WITNESS: Name tags, employees have name tags.

MR. CHANDLER: Was that what you said?

THE WITNESS: We are issued name tags, when we do go there. And almost all of the employees do wear them, besides wearing uniforms.

After you work there a while and eat there a while, you recognize faces. There are people that you see every day.

Visitors on the other hand, have none of the identifying things about them, they are people that you have never seen before, that don't wear name tags, and it is hard to explain, but they generally look lost. They look out of place, they don't know where things are in the cafeteria line, they hold up theline. They are eating with themselves as opposed to a group of people that you are—know are employees.

[75]

Q. Now, how can you tell patients?
A. There are two kinds of patients. There are the in-patients and they generally look like patients. Occasionally a patient comes down obviously in bedclothes, occasionally, with IV tubes attached. Other patients wear wrist bands. Those patients you can generally tell.

There are occasionally I guess out patients who come into the visiting clinics. There would really be no way of telling those patients from a visitor.
Q. How do you distribute your literature? Or, how did you?
A. For which I got my warning?
Q. Yes.
A. I was going—I was in the cafeteria, both the north side and the south side going from table to table, giving them out. I generally asked people as I gave them out if they were people that were in uniforms—if I knew them and I thought they were employees, I asked if they would like the copy of AS We See It. I gave it to them if they said they would like one. If I didn't know them, and thought they might be visitors, I asked if they were employees, and explained that I was passing out literature for employees. There was only a few people I was in doubt about, and those I checked on.
Q. And that same cafeteria, we have discussed a table

[76]

that is directly in front of the nonofficial bulletin board. As best you recall, how long has that table been there?
A. As long as I have worked there.

I started January 7th, 1974. So that is over a year, but I remember it from—it has been there as long as I have been there.

Q. Have you ever seen or anybody put literature on that table?
A. I did once. I don't know who it was, except that they looked like an employee. It was someone in a uniform.
Q. And what kind of literature did they put down?
A. It was a stack of Reader's Digest Condensed Books. It was soliciting for Reader's Digest something.
Q. When was that?
A. January or February of this year. Probably late January.
Q. Do you recall what time of day this was? Were you at lunch or were you walking through?
A. I am really not sure, I recall it was either lunch time or probably breakfast time, because I knew there were other people around, but I am really not sure what time of day.
Q. What happens to literature that is left on that table?
A. Employees take it.
Q. Have you seen employees take it?
A. Oh, yes.
Q. Can you recall any specific time when you saw an employee taking some literature? Or, when you yourself took literature?

[77]

A. I have certainly taken literature, and yes I do remember people going in and picking up the Kodak mail fliers.

[81]

Q. (By Mr. HIatt) The question, Ann, was could you give some examples of types of conversations which you have been involved in or overheard at the dining table in the hall?

A. I often eat with technicians, since I am a technician and we talk about our work at lunch, along with all the other things that we talk about. I can think of a couple of issues that might be relevant.

One is the discussion of strepococcus epidemics in the hospital, that the rate at which strep passes from patient to patient, that people being infected in the hospital is very high, and I gather in epidemic proportions.

Another thing we talk about very frequently, and endlessly is understaffing, and often spend our lunches complaining about understaffing problems.

Specifically I have heard conversation from people in the chemistry lab saying that on days in which they are badly understaffed, they don't always have time to repeat

[82]

marginal tests that they there do a test, and there will be some question as to whether the test was performed quite right or the controls were quite right. But, then unfortunately, they—there just isn't time to do the test over again, as it ideally should be done.

Q. Okay.

One more question. Has the Hospital ever issued to you in the form of written or verbal notices, an appeal or rule to not discuss those subjects which you have just mentioned?

A. No. There have been no rules, no mention of it.

. . .

CROSS EXAMINATION

Q. (By Mr. Chandler) You have been employed for how long at Beth Israel?

A. Over a year, I started January 7th, '74.

Q. And I assume that doctors and other employees of the hospital would be as adept as you are in determining who visitors and patients and employees were in the cafeteria, is that right?

MRS. BAUM: Objection.

Miss Schunior, she can't testify for other people.

JUDGE PETERSON: Sustained.

Q. (By Mr. Chandler) Are you familiar with the brochure that is put out by the hospital and given to patients entitled, Your Rights as a Patient, at Beth Israel Hospital?

[83]

A. I have seen it. I probably glanced through it or at it six months ago.

MR. CHANDLER: I would like this marked as Respondent's Exhibit No. 1.

(The document above referred to was marked Respondent's Exhibit No. 1 for identification.)

Q. (By Mr. Chandler) This is a leaflet entitled, Your Rights as a Patient at Beth Israel Hospital, Boston. Now, you say you have glanced through it, how did you happen to get a hold of a copy of that?

A. It is given out in the hospital lobby, of the outpatient department on the first floor of the Rab Buidling and I picked up a copy from there.

Q. Are you aware that this was distributed to all employees with the general director's newsletters on several occasions in the past two years?

A. No. I was not aware of it.

Q. I have bracketted Number 4, on the Exhibit, could you read from that please?

A. "You have the right to privacy. In the clinics, you should be able to talk with your doctor, nurse, other health

worker or an administrative officer in private, and know that the information you supply will not be overheard nor given to others without your permission."

[85]

Q. (By Mr. Chandelr) Directing your attention to JOint Exhibit No. 1, page 23, this is the working together employee handbook. Could you read please under confidential information?

A. "Information about patients and their illnesses is private and it is the obligation of every member of the hospital family to keep it strictly confidential."

Q. Are you aware, Miss Schunior, that there are out patients in there and psychiatric patients that use the cafeteria for meals?

A. I am certainly aware that there are out patients that use it for meals. I did not become aware until about a week ago that psychiatric patients used it.

Q. When you were issued a warning for distributing material in the cafeteria, what were you distributing?

A. I was distributing As we see it.

Q. Do you know what edition of As We See It, it was?

A. October.

[86]

ROBERT HESS

was recalled as a witness, by and on behalf of the General Counsel and, having been previously sworn, was examined further and testified as follows:

DIRECT EXAMINATION

Q. (By Mrs. Baum) Mr. Hess, just one small final question, what sort of literature do you recall receiving with your checks?

A. Generally there is a newsletter from the General Director. Occasionally in the past there have been inclusions of various sorts. For a while we were getting ads from Garber Travel to take trips to Switzerland or Disneyland.

Q. When was that, do you recall?

A. It was several years ago, I believe it stopped roughly a year and a half ago.

Q. How you—how do you remember these particular trips?

A. I found it somewhat irritating to get a paycheck then, and then get travel ads for more than the paycheck totaled. In one case there were six of them distributed with the paycheck.

[87]

ANNE CRONIN

was recalled as a witness by and on behalf of the Respondent, and having been first duly sworn, was examined and testified further as follows:

DIRECT EXAMINATION

Q. (By Mr. Chandler) Ms Cronin, there was tesitmony as to the Israel Emergency Fund and the efforts that occured in October '73 with respect to that, could you tell us how that came about?

A. The Hospital recognizes two drives a year, and that has been I believe stipulated to. One is the United Way and the other is the combined Jewish Philantrophies Organization Drive.

Q. Excuse me, I have heard both United Fund and United Way.

A. All right. I think it is the United Way. A couple of years ago it used to be the United Fund. It is a community

[88]

chest drive.

CJP drive generally takes place in Feburary, March and sometimes into April of each year. Tight after the Yom Kippur war, which I believe was in October that particular year, the CJP asked its usual groups of industries and hospitals, et cetera who participate in their drive to have the march or Feburary drive moved up to the fall into that time, and to ask those people who normally did contribute in the spring to this drive. Since the money was needed at that time, to advance the drive by five or six months. It had a special name. Each year I think they have a special subname to it, and they have a special name.

Those people who were willing to give their money in October rather than in March, the following March, were asked to do so then; and they should feel under no obligation to contribute in the spring. That was the money that was considered for that drive.

Q. We have in evidence, Respondent's Exhibit 1, which involves the patients' rights, that leaflet. Could you describe for us what kind of program it is, how did this orignate?

A. The patients' rights brochure was developed at Beth israel Hospital, and it was the first hospital in the nation that had such a brochure.

Now, I think you will find that many hospitals do. In fact the American Hospitals Association urged its member

[89]

hospitals to do this kind of thing. And ours was really used as a model.

It was developed because the staff of Beth Israel, the Administrative Staff, the medical staff and so forth, truly believe that patients had rights as well as everybody else

in this world. And therefore, and the patients especially needed to know those rights. Because when they come into the hospital it is a foriegn kind of experience for them.

In addition, we felt it was important that every employee in the hospital and every volunteer understood the patient had rights and to be very well aware of those rights.

So that was the purpose for developing it.

Q. Were there employees made aware of this leaflet?

A. Yes.

I am not really sure about the total distribution of it, but I do know that every new employee who comes to the orientation, the week they start work at Beth Israel is given a copy. And Doctor Rabkin talks to them briefly about it. It has been mentioned in inumerable communications from the director. It has been distributed to all of the areas of the hospital and, hopefully, we like to feel that all our patients and all our employees and all our volunteers and all our visiting staff are totally aware of it.

[90]

Q. (By Mr. Chandler) Ms. Cronin, there has been a survey that has been introduced into evidence as—about the use of the cafeteria, and one of the categories of the people that use the cafeteria are patients. Wuld you indicate what patients may use the cafeteria and when and under what circumstances?

A. The patients who are normally classified as out patients, come in either to the biop clinics or out patient department, or may come in in an ambulatory basis too, to radiology or any of them which there are ambulatory patients who often use the cafeteria, either prior to going

[91]

to the clinic or at lunch time, or after going to the clinic, like at night. That would be one category of patients who would be strictly out patient.

We have another category of patients that are in 2 East, which is the psychiatric inpatient area of the hospital. And these patients are routinely used the cafeteria for the breakfast period in the morning. I don't know for certain whether any of the inpatients, those who are non-ambulatory in the hospital would really come down or not. I suspect they could, but I doubt they would since meals are served on the floors.

Q. Do the psychiatric patients use the cafeteria for meals, other than breakfast?

A. I don't think so, because the meals are served, the other two meals are served in the 2 East area.

Q. Can patients who are ambulatory make arrangements to eat in the cafeteria, and not be chargd for the meals?

A. I don't think so.

Q. When psychiatric patients from ward 2 East come in, how do they come in? Do they come in as a group, come in individually?

A. No, they come in individually. They come in any way they want. They might come into the cafeteria with another one or by themselves.

Q. Would there be an attendant present?

[92]

A. As I understand it, if a patient is in his first or second day in the unit, and the doctor in charge of that particular patient might have some questions about this individual. He would perhaps recommend that the patient

not go off the unit or that if he did go to the cafeteria somebody might lead him there.

After that period of time, he would either go with his own or he would be permitted to leave the unit.

Q. How are these patients from 2 East dressed when they come into the cafeteria?

A. In their own clothes.

Q. Street clothes?

A. Yes.

Q. To your knowledge do they generally eat together or alone?

A. I have been told that it is purely up to them, most of them eat alone. But occasionlly one might join another it they know one another. That's what I ahve been told.

Q. Now the out patients that you said use the cafeteria, do they come in at any particular time during the day?

A. I think a number of them come in at breakfast time, perhaps not a large number, but a number of them might come in at breakfast time or into the coffee shop before the clinic start. A larger number would be in the cafeteria or the coffee shop, after the morning clinics or before

[93]

and after the morning clinics or before an afternoon clinics. And, then others might be in the cafeteria in the evening — in the evening meal if they have finished their clinic visit in the afternoon and had wanted to stay on or—we do have some evening clinics.

Q. How often do you eat in the cafeteria?

A. It depends on my own work load. If I can get away for lunch, I will go over to the cafeteria. Oftentimes I eat at my desk, occasionally I have meetings outside. It might be 25 percent of the time.

Q. And how long have you been personnel director at Beth Israel Hospital?
A. Nine years and two months.
Q. Now, when you eat in the cafeteria, are you able to distinguish employees from non-employees?
A. Some I can. Those that I know that have been over to personnel. A large number of them I cannot distinguish whether they are Beth Israel employees or employees from other hospitals, students on rotation, any number of people use the cafeteria, volunteers.
Q. I believe Miss Schunior testified that in her observation almost all employees wear hospital name tags. In your experience is this the case?
A. I would like to think it was. I am afraid that is a constant source of concern of many of our department heads,

[94]

who certainly urge it. Some department heads insist upon this as a rule, and I think a large number of employees in the service departments perhaps wear them more frequently than some of us who have them in our desk and forget to put it on occasionally.

. . .

MR. CHANDLER: Respondent's 3(a) is a Dear Doctor letter dated July 29, 1971. Respondent's 3(b) is a newsletter from the General Director dted September 30, 1971. Respondent 3(c) is a Dear Doctor letter dated July 19, 1973. And, Respondent's 3(d) is a Dear Doctor letter dated October 17, 1974.
Q. (By Mr. Chandler) Directing your attention to Respondent's 3(a) through 3(d) for identification, are there references in each of these documents as to conversations of employees, dealing with patient matters and the confidentiality of such discussions?
A. Yes.

[95]

Q. (By Mr. Chandler) Other than the newsletters and Dear Doctor letters and the patient rights brochure, are there any other communications that are made to employees that deal with this confidentiality question?
A. Yes.
Q. Could you elaborate for us please?
A. In the original interview from many departments, for many jobs, I know this is handled either in the personnel department or in the interviewing—hiring department. It is also discussed at orientation of, I believe at the time of the patient's rights; and I think has probably been the subject of many discussions—in fact it has been, the subject of many discussions which the General Director has had with its administrative staff, calling our attention to some problems in this nature. And asking us to make sure that all of our employees, including all of the medical staff, are aware of this problem.
Q. With respect to this survey of the usage of the cafeteria, I notice that one of the categories lumps together

[96]

employees of Beth Israel and Harvard employees, could you indicate for the record whether Harvard employees are Beth Israel employees?
A. The distinction there is the Beth Israel employees receive their salary from the Beth Israel Hospital, and come under the policies and procedures and benefits, et cetera of the hospital.

There are certain number of employees who work for the Harvard Medical Schol, who receive their salary check from Harvard Medical School, and who come under the

personnel policies, benefits, et cetera, of the Harvard Medical School.

However, they work physically in the Beth Israel Hospital, and this happens in other Harvard teaching hospitals.

Q. And what types of departments?

A. They are generally in the research department, the department of medicine, the department of surgery, maybe Obs-Gyn, some anthropology maybe.

Q. Do they work as clerical employees too?

A. There are some clerical employees.

Q. How many shifts are there at the hospital?

A. There are three basic patient care shifts. That is those people who work with the patients in general, in the nursing and so forth, and so on. We have a three shift operation, generally 7 to 3:30. 3:30 to 11, and 11 to 7 or 11:30 to 7.

[97]

In other departments—there are many departments who have one shift, 8:30 to 5, or 8 to 4:30, and there are many [service] departments where they have two shifts, a day shift and an evening shift. And I think dietary workers would be like that.

There is a variety of—it is a 24 hour a day operation where patient care is involved, so there is a variety of shifts.

CROSS EXAMINATION

Q. (By Mr. Marrow) I notice, Mrs. Cronin, that the hospital is a constituent agency of the Combined Jewish Philantrophies?

A. That means that the hospital is one of those agencies that receive allocations from the CJP.

Q. So then in fact the hospital benefits either directly or indirectly from the funds that are collected by CJP?

A. Yes.

Q. Is this also true in respect to the United Way?

A. No.

Q. So that the hospital, it is fair to say, has a relation

[98]

or direct interest in funds that are collected by CJP?

A. Yes.

[100]

Q. Now, there was some testimony with respect to the psychiatric patients that dine in the cafeteria, or dining room. Do you know how many psychiatric patients are involved in that?

A. I believe it is a 14 bed unit, so there could be anywhere from hopefully 14 each, but our bed capacity isn't always up at that. I suspect the average may be around 12, or somewhere in that area.

Q. Now, do these people wear ordinary dress?

A. Yes.

Q. Do they have any identification bracelets, such as outpatients would wear?

A. I would assume they may have the bracelet, which would be usually under their sleeve. I think they get the same bracelet as any inpatient, individual does.

Q. Do they take all their meals at the cafeteria?

A. No.

Q. Just the breakfast?

A. Yes.

[104]

REDIRECT EXAMINATION

Q. (By Mr. chandler) YOu testified that you assumed the psychiatric patients would wear bracelets, do you know? Of your knowledge, do they wear patient identification bracelets?

A. I believe that anybody who is admitted to the hospital as an inpatient does wear an identification, a little thin strip. I see no reason why they would be different. I have to check it out, but I believe they do.

Q. Are there psychiatric patients that may come into the ward on a particular morning and not stay overnight in the hospital?

A. There are psychiatric outpatients, we have a large psychiatric department in which we have a very large number of patients who come in for treatment. They are the ambulatory patients that come in and they, like any of the other ambulatory patients, in fact I know they do use the cafeteria.

[105]

Q. Do they wear identification bracelets?

A. An outpatient individual does not wear an identification bracelet.

[106]

RECROSS EXAMINATION

Q. (By Mr. HIatt) Are you familiar with the practice of four or five surgeons occasionally with students who meet in the cafeteria during the breakfast hour once or twice a week and discuss their common patients and who is going to be doing what with which patient for the day?

MR. CHANDLER: Objection.

THE WITNESS: No, I am not.

Q. (By Mr. Hiatt) Do you know that that practice does not take place?

A. I have never heard of it.

. . .

MR. HIATT: I would like to recall Robert Hess for one short question.

JUDGE PETERSON: You can stay right there, ask him from there.

MR. HIATT: You heard the question that was just put to Ms. Cronin, concerning the practice of surgeons?

[107]

THE WITNESS: I did.

MR. HIATT: Are you familiar with that practice?

MR. CHANDLER: Objection.

JUDGE PETERSON: He may answer, go ahead.

THE WITNESS: I have seen it on a number of occasions.

Joint Exhibit 1.

Employees Handbook.

CREDO OF EMPLOYEE RELATIONS

The Beth Israel Hospital above all recognizes the importance of the patient and the dignity of the individual employee.

We believe the primary obligation of Beth Israel Hospital is to make available to the community the best possible medical care.

We believe each employee, directly or indirectly, plays a vital role in patient care.

. . .

We believe that hospital employees can best fulfill their special responsibilities to patients by demonstrating courtesy, cooperation and tact at all times.

. . .

We believe that the concerted effort of the Hospital and all its employees can achieve a harmony of high quality patient care, with an environment where all are treated fairly, with consideration and dignity.

. . .

Facts About Beth Israel Hospital.

Beth Israel Hospital began as a non-sectarian community hospital over fifty years ago. From its first location in Roxbury, the Hospital moved to Brookline Avenue in 1928. It has become a well-known teaching hospital affiliated with Harvard Medical School and a world leader in the care of patients and in teaching, research and community service.

A "teaching" or "university" hospital is as concerned about patient care as is a "community" hospital. In ad-

dition, its interest in the patient's health extends well beyond its own walls. For example, Beth Israel Hospital is involved in several programs which seek means to deliver medical care more effectively and economically to the entire community. The reason we are involved in teaching is to insure that physicians, nurses and other health workers are well trained and capable. The reason we are involved in research is to insure that patients have the benefit of the very best that the science of medicine can offer.

Stated simply, Beth Israel Hospital is "concerned with today's illness and tomorrow's health." At the same time, we do not forget the art of medicine and the small and large comforts that can ease the difficult experience of being ill. In these endeavors all the employees of the Hospital find a common purpose and pride.

. . .

LUNCH AND RELIEF PERIODS

All departments observe a lunch period of thirty minutes. The lunch period may, if necessary, be scheduled on a staggered basis to provide better service. Your supervisor is directly responsible for assigning your lunch period.

You may take a ten minute relief or "coffee break" period in the morning and in the afternoon. However, the exact time must have your supervisor's approval.

Cafeteria and Coffee Shop

A modern Cafeteria is provided for all employees where nutritious, well prepared meals may be purchased at reasonable prices.

The Coffee Shop is open 24 hours per day to provide light refreshments for personnel, house staff and guests. It is located on the second floor of the South Building.

Appearance and Conduct

You are an important part of the Hospital's public relations. To patients and visitors alike you are Beth Israel Hospital; your appearance and conduct will influence their opinions of the Hospital. The very nature of our work requires cleanliness, neatness and good health. Whether you are wearing street clothes or a uniform you should present, both in clothes and make up, a well-groomed, healthy, cheerful and business-like appearance.

. . .

Hospital Rules

The Hospital wants to recognize good performance, and to let employees and supervisors know where they stand.

As you know, employees are encouraged to discuss with their supervisors any questions or problems they may have. At times questions arise as to what is a violation or infraction and what is not. To clarify questions of this nature, the following list of hospital rules has been developed.

IT IS IN THE INTEREST OF ALL OF US THAT EACH DEPARTMENT IN THE HOSPITAL OPERATES SMOOTHLY, EFFECTIVELY AND SAFELY. OBSERVING THESE REGULATIONS WILL HELP ATTAIN THIS OBJECTIVE.

The following practices are specifically forbidden and may result in the immediate dismissal of any employees:

1. Improper conduct toward patients or employees and interfering with performing their assigned work.
2. Willful insubordination.
3. Coming to work under the influence of liquor, bringing liquor into the Hospital, or using alcoholic beverages during working hours.

4. Theft or deliberate destruction of Hospital or personal property.
5. Use or possession of narcotics or barbiturates, etc., which have not been prescribed for medical reasons.
6. Fighting, profanity, gambling or other disorderly conduct on Hospital premises.

Committing the following acts may be considered good and sufficient cause for dismissal. It is the general policy of the Hospital to give warning prior to dismissal.

7. Repeated absence or tardiness without reason satisfactory to the Hospital.
8. Failing to perform the required duties of the job as prescribed.
9. Leaving the work station or department during working hours without prior permission of the immediate supervisor.
10. Sleeping on duty.
11. Removing from Beth Israel Hospital any Hospital property without the express permission of the responsible Department Head.
12. [See revised rule under notes.]
13. [See revised rule under notes.]
14. Smoking where "NO SMOKING" signs exist, or in any patient-care areas, including nursing stations.
15. Failing to wear prescribed safety equipment or to perform duties in a designated safe manner.
16. Failing to comply with Hospital health, fire, security or traffic regulations.
17. Loitering on the premises before and after working hours.

18. Entering at any time without permission such restricted areas as Storeroom, Pharmacy, Operating Room, Delivery Suite, etc.

Notes

No Soliciting.

There is to be no soliciting of the general public (patients, visitors) on Hospital property. Soliciting and the distribution of literature to B.I. employees may be done by other B.I. employees, when neither individual is on his or her working time, in employee-only areas — employee locker rooms and certain adjacent rest rooms. Elsewhere within the Hospital, including patient-care and all other work areas, and areas open to the public such as the lobbies, cafeteria and coffee shop, corridors, elevators, gift shop, etc., there is to be no solicitation nor distribution of literature.

Solicitation or distribution of literature on Hospital property by *non-employees* is expressly prohibited at all times.

Consistent with our long-standing practices, the annual appeal campaigns of the United Fund and of the Combined Jewish Philanthropies for voluntary charitable gifts will continue to be carried out by the Hospital.

Joint Exhibit 2.

Newsletter from the General Director — 23 July 1970.

. . .

Notices and posters listing activities not officially sponsored by the Hospital may be placed only on the non-official bulletin board in the cafeteria. In addition, to post such notices on the Personnel Department bulletin board, prior approval of the Personnel Department is required. Similarly, approval of the Departments of Med-

icine, Surgery, etc., is required for posting of such notices on their bulletin boards. Notices and posters may not be put up on any walls, windows, etc. Any notice which suggests to the patient or public a faltering of our intention or capacity to provide the best care to patients is unacceptable and will be removed.

Distribution of communications through the Hospital mail room is limited to official communications that relate to the clinical, teaching, research and administrative functions of the Hospital.

Petitions, discussions, etc., amongst Hospital personnel should be carried out only on a person to person basis at coffee breaks, mealtimes or after the working hours of all those involved. This statement should not be interpreted as forbidding ordinary conversations, discussions, etc., which do not interfere with work or the rights of others. Direct confrontation and solicitation of the public, staff and employees through leaflets, ets., must not be done on Hospital property.

Under no circumstances must there be any form of coercion applied to co-workers, or to patients and visitors. Patients and visitors have their own overriding personal concerns and they should not be requested to become involved in those of others. Our experience has shown that many patients do become upset when those caring for them display political emblems. Consideration of patients, therefore, indicates that armbands, pins, etc., should not be displayed on patient units.

The Hospital reserves the right to modify these guidelines.

/s/ Mitchell T. Rabkin, M.D.
Mitchell T. Rabkin, M.D.
General Director

Joint Exhibit 3.

Special Newsletter from the General Director —
16 January 1973.

Our primary task is to provide the sick with care of the highest quality. That care depends upon people, you and me. At Beth Israel, we seek to enlist and retain qualified, skilled and thoughtful employees by providing wages, benefits and working conditions which insure your economic security and dignity. Our philosophy has long been stated as the Credo of Employee Relations in our employee handbook, "Working Together." Just as we are concerned with the rights of patients receiving care, we are concerned with the conditions of work for those who provide that care at Beth Israel Hospital.

We all know that union organizers have been urging employees to have a union represent them. I believe that employees have the right to decide whether or not to join a union, and that organizers have a right to speak to employees under certain conditions, but I am disturbed to find these organizers now purposely interfering with the service being rendered by our employees. The Hospital has tried politely to have the organizers confine their activities to non-working time and non-working areas of the Hospital. However, these outsiders persist in entering working and patient care areas and distracting employees at work. This not only violates our No Soliciting rule; it is trespassing!

. . .

I believe that a union has no place at Beth Israel Hospital. The disruptive activities of the union organizers demonstrate their lack of true concern for both B.I. patients and employees. The union knows that employees and administration of Beth Israel Hospital together have built

a solid record of fair treatment and mutual respect. Why then should they be so interested in us? Although they will deny it, the union's primary concern today is the thousands of dollars they will gain from employees' dues, dollars to come directly out of your pockets.

Joint Exhibit 4.

25 January 1973

Dear Doctor:

It is common knowledge that hospital workers have recently been under pressure by union organizers urging employees to have a union represent them. We believe that a union has no place at Beth Israel Hospital because employees and administration of Beth Israel have built a solid record of fair treatment and mutual respect and will continue to do so without the need for outsiders whose basic interests are elsewhere. On the other hand, we believe that employees have the right to decide for themselves whether or not to join a union. We have let our employees know that they should feel free to discuss anything with anyone outside of working and patient care areas and outside of working hours, but they should reject the attempt by organizers to disrupt them at work. Unfortunately the union organizers have persisted in entering working and patient care areas, in violation of our rules against soliciting and general laws against trespassing. Such actions have demonstrated their lack of concern for both Beth Israel patients and employees.

Beth Israel employees know that this Hospital is a nonprofit institution, organized to provide the best health care available. The "Credo of Employee Relations" and the facts listed in our Employees' Handbook, "Working Together," help to illustrate the reality that we have many masters to serve: the patients; the Hospital em-

ployees; the medical staff; the students of medicine, nursing and other skills and professions; visitors of all types, and the community at large. The Hospital attempts to treat all fairly, with consideration and dignity. Operating a major university hospital is a complex affair, and problems are rarely to be conceived of in simple yes-or-no terms. We must be concerned with the technical calibre of the care we provide, with the human qualities of our attention to patients, with the responsibilities we have toward our employees, with the needs of teaching because of our role in training doctors and other health care workers for tomorrow, with the research that makes for excellence in care, and with the cost of the entire enterprise to the patient and the public. And we must juxtapose all these important needs with uncertain financial support and growing restriction from the Federal, State and City governments, and with price controls and other regulations. It is easier for union organizers, who have no responsibility to our patients or workers, to describe problems arbitrarily in simple terms, come out with "obvious" solutions, and make promises they cannot be held to. We have the more difficult task of living with the real problems that make up the complex nature of our many responsibilities, problems that cannot be changed by easy talk. Beth Israel Hospital has a good record to stand on and we will maintain our record of integrity and fair treatment in the future.

. . .

Joint Exhibit 5.

Newsletter from the General Director — 22 March 1973.

In order that there be no mistake about Hospital policy, here is a simplified restatement of Hospital rules

with reference to employees' activities on Hospital premises.

1. With the exception of the United Fund and Combined Jewish Philanthropies drives, no one may hand out literature or solicit any employee, staff member or member of the public for any purpose on Hospital work time, nor may they do so in patient, visitor or other public areas.
2. Employees are not to loiter on the Hospital premises before or after working hours.
3. At no time should employees engage in activities converting Hospital facilities to their own uses or for uses which are disruptive of Hospital operation or patient care.

This clarification of existing rules is necessary because of the activities of a very few employees who apparently have not been aware of Hospital policy. This simplified restatement derives from the Beth Israel Hospital Employees' Handbook, "Working Together," and from the statement on guidelines for non-hospital activities on our premises contained in the Employee Newsletter of 23 July, 1970.

. . .

Joint Exhibit 7.

Special Newsletter from the General Director —
18 October 1973.

As a result of a recent review of the union organizational activity at Beth Israel Hospital, held with the Massachusetts Labor Relations Commission, we wish to emphasize certain rulings so that all employees know where we stand:

1. Employees may distribute organizational literature during non-working hours, such as lunch periods or coffee breaks, in areas which are only for employees, such as locker rooms and employee lounges.

2. Secondly, as has always been our policy, employees may continue to discuss any matter, including unions, during specified non-work times and may engage in such discussions with fellow employees also not at work to enlist support of their particular viewpoints in employee-only areas or in areas where patients, visitors and employees not on duty are permitted to congregate and intermingle, such as the cafeteria and coffee shop.

3. Finally, we reaffirm the Hospital's position that our employees have the right to engage in or refrain from organizational activities as they see fit within the general Hospital guidelines, and we reemphasize once again that the Hospital will not interfere in any way with its employees' self-organizational rights.

If you have any questions on this matter, please feel free to discuss them with your supervisor.

/s/ Mitchell T. Rabkin
Mitchell T. Rabkin, M.D.
General Director

Joint Exhibit 10.

Newsletter from the General Director — 11 July 1974.

Over the past several months, one of the unions which was defeated in the election at Beth Israel last April has been distributing a publication claiming to speak for BI employees. Copies have been handed out in the Hospital and some have been mailed to the homes of employees.

On reading it, you would probably (and correctly) have concluded that the so-called newsletter contains distor-

tions of fact and out-and-out lies in an effort to discredit Beth Israel Hospital. You would also see the attempt to claim credit for every improvement in salaries, benefits and conditions of work that we are able to bring about. We were bombarded with such distortions from the union before the election and now we are getting more of the same, even though the union was given no welcome by Beth Israel employees in the secret ballot election last April. New Hospital employees may be interested to learn of that vote:

	Voting Unit A	Voting Unit B
For SEIU (Hospital Workers)	71	41
For 1199	51	
Against unionization	325	96

The union has claimed it wants to represent the wishes of employees. But after your clear-cut vote not to have a union, they have apparently decided that they know better what is good for you than you do yourselves, and thus the union is ignoring your decision that they keep out of Beth Israel Hospital!

Many employees have asked whether we can prohibit union solicitation within the Hospital. Others have complained of being bothered by union solicitors in the locker areas as they were getting ready for work. A few employees have told of being threatened when they refused to accept a union pamphlet.

Rulings of the Massachusetts Labor Relations Commission place certain restrictions on the activities of employees in soliciting and in the distribution of literature.

Hospital employees who want to solicit other employees for the union or other causes may do so when they are

not on their own working times, but only in two well-defined locations of the Hospital:

(1) Employee-only areas — employee locker rooms and certain adjacent rest rooms, and

(2) Cafeteria and coffee shop.

In the locker areas, literature may be offered. In the cafeteria and coffee shop, conversations may take place on a one-to-one basis but there is to be no setting up of special tables, public distribution of literature nor any form of coercion. Elsewhere within the Hospital, including patient-care and other work areas, the lobbies, corridors, elevators, libraries, meeting rooms, etc., there is to be no solicitation nor distribution of literature. Soliciting of patients and visitors is expressly prohibited at all times and places.

Since the directives of the Labor Commission permit employees off duty to solicit as described above in the locker rooms, cafeteria and coffee shop, it is important for all employees to be aware of their rights in such situations.

If you do not want to talk with employee-organizers, you do not have to. You may refuse to accept their literature. If you do take it, you may do with it what you wish — read it, keep it, throw it out, tear it up or give it away. If the employee-organizers bother you, you may ask them their names, where they work, and then tell your supervisor who has been annoying you. It is not proper to ask Security to remove an employee-organizer who is soliciting in the locker room or cafeteria or coffee shop as described above; that is against the directives of the Labor Commission. But if any employee-organizer should threaten you, report that immediately to your supervisor.

Individuals who are not employees have no right to trespass into your locker rooms. If non-employees are

soliciting there for whatever cause, you should tell your supervisor immediately.

The other side of this situation relates to the very few Hospital employees who have persisted in soliciting for the union. The Hospital rules are clearly stated. We attempt to carry them out in an even-handed fashion. If any violation of the rules is perceived, it should be reported to your supervisor immediately.

We believe it is unfair of those very few union supporters who now are placing their own opinions above those of the large majority of Beth Israel Hospital employees. But we will continue to be as fair as possible to all, because we have no fear in letting the facts continue to speak for themselves.

. . .

Joint Exhibit 12.

Newsletter from the General Director —
19 September 1974.

. . .

Several months ago, the Hospital was accused of unfair labor practices arising out of distribution of union newsletters within the Hospital last April and June. After preliminary discussion with the Massachusetts Labor Relations Commission, we republished the Hospital rules on distribution of literature in an Employee Newsletter dated 11 July 1974, in order that all employees know and understand what can and cannot be done in this regard, according to Hospital rules and the opinions set down by the Labor Commission.

In at least one instance, a security guard did go against the rules of the Hospital in a situation where literature distribution was permitted. We then took pains to re-

instruct all of the guards. Because the union pressed on with the complaint of unfair labor practice, we have held further discussions with the Labor Relations Commission and agreed to publicise the specific and detailed assurance which accompanies this Newsletter. Please read it fully.

As a result of this action on the Hospital's part, the complaint was withdrawn.

We hope that there will be no future instances involving distribution of literature where the rights of any employee are compromised or where Hospital rules are violated. If an incident should occur where you feel that your rights are being compromised unfairly, you should contact your supervisor as soon as possible.

. . .

Notice.

DISTRIBUTED PURSUANT TO A SETTLEMENT AGREEMENT APPROVED BY THE CHAIRMAN OF THE LABOR RELATIONS COMMISSION, AN AGENCY OF THE COMMONWEALTH OF MASS.

In a Decision ratified and issued October 5, 1973, the Labor Relations Commission ruled that employees off-duty have a right to distribute union organizational literature in employee-only areas.

WE WILL NOT interfere with this right. More specifically,

WE WILL NOT interfere with, restrain or coerce employees in the exercise of this right by preventing the distribution of union literature by employees during non-working time in employee-only areas of the hospital.

WE WILL NOT interfere with, restrain or coerce employees in the exercise of this right by threatening to

arrest employees who persist in their attempts to distribute union literature on non-working time in employee-only areas of the hospital.

WE WILL NOT interfere with, restrain or coerce employees in the exercise of this right by threatening to discipline employees who attempt to distribute union literature during non-working time in employee-only areas of the hospital.

BETH ISRAEL HOSPITAL
(Employer)

DATED: 12 September 1974

BY Mitchell T. Rabkin MD
(Representative)
General Director
(Title)

Joint Exhibit 14.

Newsletter from the General Director — 6 March 1975.

. . .

Several months ago, federal law brought hospitals under the jurisdiction of the National Labor Relations Board, removing us from the jurisdiction of the Massachusetts Labor Relations Commission. Because hospitals are a new area of responsibility for the NLRB, there will be new standards relating to distributing literature and to soliciting by employees and non-employees. As a result, the following policy is now instituted, superseding all previous policies on this matter.

There is to be no soliciting of the general public (patients, visitors) on Hospital property. Soliciting and the distribution of literature to B.I. employees may be done by other B.I. employees, when neither

individual is on his or her working time, in employee-only areas — employee locker rooms and certain adjacent rest rooms. Elsewhere within the Hospital, including patient-care and all other work areas, and areas open to the public such as the lobbies, cafeteria and coffee shop, corridors, elevators, gift shop, etc., there is to be no solicitation nor distribution of literature.

Solicitation or distribution of literature on Hospital property by non-employees is expressly prohibited at all times.

Consistent with our long-standing practices, the annual appeal campaigns of the United Fund and of the Combined Jewish Philanthropies for voluntary charitable gifts will continue to be carried out by the Hospital.

. . .

Joint Exhibit 15.

Mass. Hospital Workers Local 880
354 Longwood Avenue, Boston, Massachusetts 02215
Telephone (617) 738-0850

22 Oct, 1974

Dr. Mitchell T. Rabkin
Director, Beth Israel Hospital
330 Brookline Ave.
Boston, Ma.

Dear Dr. Rabkin:

In the past it has been our practice to distribute "As We See It" within the guidelines set forth by the State

Labor Relations Board. Since we are now under the National Labor Relations Board, different rules are applicable.

After talking to lawyers at the NLRB, it is our understanding that we would not be committing an unfair labor practice if we distribute "As We See It" in the cafeteria and coffee shop as long as we don't litter and we don't stand in an entrance. Therefore, we intend to distribute our next issue in the cafeteria and coffee shop during our non-working hours.

The hospital security guards are apparently presently instructed to stop us if we go from table to table with union literature. It would seem appropriate for you to consult with the NLRB and your lawyers, and if they agree that we are within our legal rights, re-instruct the security guards. This seems like a much less disruptive process than going through the present procedure of our being stopped by security guards, called in by our supervisors, and our filing another unfair labor practice charge over this issue. This only wastes your time, our time, and our supervisors' time.

If we are stopped by security guards in the cafeteria and coffee shop and called in by our supervisors, we can only assume that harrassing union supporters is more important to you than leaving all of us undisturbed to perform our hospital functions.

Sincerely,

BI Employee Organizing Committee

Joint Exhibit 16.

25 October 1974

TO: Filo

FROM: Mitchell T. Rabkin, M.D.
General Director

At about 1:00 p.m. on Friday, 25 October, I observed Ann Schunior in the South side of the cafeteria, carrying a pile of "As We See It," the union newsletter for Beth Israel Hospital, and walking around from one table to the next offering the newsletter to people sitting at luncheon. She was not engaging in specific one-to-one conversation with any particular individual and then handing over a copy of the newsletter in the course of that conversation; rather, she was table hopping and offering the newsletter generally to anyone in her immediate vicinity. She was accompanied by Molly Maurer for part of the time but Miss Maurer was not seen by me to be carrying any literature nor offering it.

I spoke to Miss Schunior telling her that she was violating Hospital regulations. She replied with the query whether I was aware of the fact that the NLRB regulations were different from those of the Massachusetts Labor Relations Commission and that what she was doing was consistent with the former. My answer was that the issue, as far as I was concerned, was that she was violating Hospital regulations and that if she did not cease this activity of mass distribution, we would be obliged to look on this as a flagrant disregard of Hospital regulations. I asked her if she were aware of the regulations again, and she repeated that she was indeed.

I then walked away and she resumed distributing literature to a few more people. I spoke to her once again

telling her that she was flagrantly violating Hospital regulations at that point — was she aware of that fact? And she repeated that she was. I pointed out that if she continued to violate the Hospital's regulations so flagrantly, we would be obliged to regard this as "very serious." I asked if she appreciated the fact that we would regard it as very serious, and she replied that she did.

Miss Schunior then walked away and, after chatting briefly with Miss Maurer, appeared to leave the cafeteria. A few minutes later, she was back carrying the literature as before, and I observed her to be talking with a woman who was a representative of the Wells TV organization, not an employee, who was seated at the end of one table in the cafeteria. I did not see whether she passed out any further literature at that point.

As I left the cafeteria, I saw one of the Housekeeping supervisors, Mr. Al Saunders, observing Miss Schunior, and I remarked to him that I had warned her that she was violating Hospital regulations and that he need not repeat that warning. I pointed out that further action would be taken up with Miss Schunior's immediate supervisor, and I left the dining room.

About 15 minutes later, I returned to the dining room and did not see Miss Schunior or Miss Maurer in evidence. Mr. Saunders was there at lunch. I asked him whether she had continued to distribute literature around at tables and he replied that this was indeed the case. Miss Schunior also, according to Mr. Saunders, came up to him and inquired whether Dr. Rabkin had instructed him to keep an eye on her.

lld

cc: Robert Chandler, Esq.
Miss Anne V. Cronin

Joint Exhibit 17.

BETH ISRAEL HOSPITAL
BOSTON, MASS. 02215

WARNING NOTICE

Employee Ann Schunior (Name) Date October 25, 1974

Department Medicine Division Clinical Services

This warning notice has been issued to you because According to Dr. Mitchell T. Rabkin On 10/25/74 you violated the Hospital rule against distribution of literature in the cafeteria. You continued to violate this rule despite several verbal warnings from the General Director that you were in flagrant violation of such rule and admission on your part of your knowledge of the existence of such rule.

This is the first ☐ second ☐ FINAL X warning:

/s/ Mitchell T. Rabkin MD
28 Oct. 74

Further violations will result in: dismissal

I have read the above and understand it.

Miss Schunior has read the above but has declined giving her signature.

Signed _____ Signed /s/ Stephen Robinson, M.D.

Employee Supervisor

Oct. 28, 1974

Copy #1 to Personnel; Copy #2 to Division Head; Copy #3 to Employee; Copy #4 retained by Supervisor

Joint Exhibit 18A.

As We See It—April, 1974

. . .

Why is there so little linen that patients do without and the workers in the laundry cannot spend Sunday with their families?

Joint Exhibit 18B.

As We See It—May, 1974

WHO CARES ABOUT PATIENT CARE?

Part I

The staffing in Chest Physical Therapy has been cut to the point where there is no staff working on evenings, nights or Sundays. Chest physical therapy helps keep patients from developing pneumonia. Who cares if patients need this care on evenings or Sundays? Who cares about understaffing?

Joint Exhibit 18C.

As We See It—June, 1974

WHO CARES ABOUT PATIENT CARE?

Part II

. . .

Who cared about patients without adequate nursing care?

. . .

Joint Exhibit 18D.

As We See It—July, 1974

Many employees are concerned about improving patient care. Beth Israel is a better hospital than most. Most employees are competent and work very conscientiously. But an administration with more interest in new buildings and public concern for patient care than dealing with the problems like understaffing that detract from patient care can lead to situations like this:

SUCCESSFUL BIRTH IN SPITE OF BI

I've worked here for two years. When it came time for me to stop working before I had my baby, I got twelve different stories about how long I could stay out and what would happen to me when I came back.

. . .

I was left alone in a room. A nurse came in and shaved and prepped me — then I was left alone again.

I was scared. I'd never had a baby before, and I didn't know what was happening. The pain kept coming right behind each other. Whenever the pain came, I screamed. The nurse would come in between pains and say, "It's gone away," and leave me alone again.

At 8AM, I asked her to call my husband. She told me he'd be right in. I waited and waited, but he didn't come.

At 8:15, the doctor came in, but I couldn't turn over because I was in too much pain, so she left without examing me. I wanted to vomit. My stomach was hurting, my back was hurting, but she said, "Well, she's all right," and she left. She went home, and it seems that she didn't tell the next doctor on duty what was happening to me.

A nurse came in and asked me where it hurt. Where else would it hurt but my stomach? I was in too much pain to answer her, so she left.

A few minutes later, my water broke. I didn't know what it was because it was my first kid, and then my baby tried to come out all by himself. I screamed, and another nurse came in and rushed me to delivery. Then a doctor who didn't know what was going on with me came in and finished the delivery. I heard him say, "But I don't know anything about the patient."

I was supposed to have an epidural (kind of anaesthesia), but I had to have him natural, because my baby was already

coming out. They had to put ether to my nose, and they let me tear, and afterbirth was left in me. I should have gotten an intravenous, but I didn't.

. . .

Wednesday I was back in with terrible pain. I called my obstetrician and told him I was still discharging placenta. He told me to come in through the EW. They sent me to walk-in. No doctor was there. They gave me the runaround. I went back to the EW. They started to say they hadn't sent me to walk-in, so we got angry and we left.

I called another obstetrician I'd seen sometimes in clinic, and she said to come in at 9 the next morning. She gave me some Urgetrate to cause contractions and get rid of the rest of the afterbirth.

Before I came into the hospital, I signed a paper saying that I only had to pay $600, and I got the bill and it was for $900. I saw Dr. Rabkin one day and I asked him about it. He said he didn't know about individual cases. He asked me my name, but he didn't write it down. If you work in a store, you get a discount on what they sell. What do you get for working here?

They tried to cheat me out of my maternity leave, overcharged me, and totally ignored me while I was a patient. My experience was bewildering, painful, and ugly. I was lucky it wasn't a complicated delivery. Don't ever have a baby here unless you have a private doctor.

A BI Employee

Joint Exhibit 18D.

NOW, THERE'S JUST 1 MORE FORM TO FILL OUT...
I KNOW YOU'VE BEEN WAITING 2 HOURS MR. BROWN
YES, DOCTOR. YES, DOCTOR.
HOLD THE LINE. I'LL BE RIGHT WITH YOU ... HOLD THE LINE, I'LL BE RIGHT WITH YOU...
RING...RING
BETH ISRAEL HOSPITAL
SECRETARIES

Joint Exhibit 18F.

As We See It—September, 1974

Through the Grapevine:

Hurrah! for the girls of the Main Kitchen (dietary). I heard through the grapevine that they staged a walkout on the bosses. Such a contrast to the frightened creatures who (not very long ago) would have subjected themselves to any injustice as long as it pleased the bosses. These girls were scheduled to work until 5:45 pm. About half an hour after the tray line had started for the patients' dinner, it was stopped. Reason — it was too early for dinner. Twenty minutes later they were given the OK to continue the line. As it turned out, the bosses had misjudged. They expected us to work late without pay. At 5:45 the girls dropped their tools lik hot potatoes and walked out. "Right On" girls. You've come a long way, baby.

No Exit

Have you noticed all the lost people floating around the hospital? You can find them anywhere, from the eighth floor to the basement, asking plaintively, "How do you get out of this place?"

They grab onto anyone wearing anything vaguely resembling a uniform, and ask for help. The last one I encountered sighed, "By the time you get out of here, you're so tired."

They are mostly out-patients who are not the healthiest of people to begin with, and who have already gone through a long day of being shunted from clinic to x-ray to laboratories, and are worn out.

Why can't the hospital administration provide good signs for these people clearly showing them the way out? If the administration cares about our patients as much as it says it does, why can't they show them this courtesy?

. . .

A PAIN IN THE BACK — Adventures of an X-Ray Technician

My back hurt. The pain ran from the middle of my lower spine to my knees. I could hardly stand up straight and if it weren't for the fact that our patient load was — as usual — heavy, I would have tended to it. All I could do was lean against the film processor so that the heat given off could relax my back muscles.

But don't worry, folks, I had some consolation. The two other technicians that I was working with also hurt their backs. I guess it was due to the fact that we are understaffed.

They say that we will be getting another technician for the 3:30 p.m. — 11:30 p.m. shift in October, so that there will be four people to try to keep up with enough work for five technicians. I know that I didn't hurt my back by doing something foolish since all x-ray technical employees are trained how to move heavy patients who cannot help themselves. But there's only so much any back can take — even using proper techniques.

To date there have been four x-ray technicians who have been bedridden with back injuries. When will the hospital administration adequately staff their shifts so as not to have such incidents occur? Who will be next?

Marsha Kaminsky

. . .

Patient Care

Whenever the opportunity presents itself (which is often enough) the Dietary bosses never fail to impress upon the workers that patient care should be their main interest and that it should take second place to nothing, yet as far as they (the bosses) are concerned, when the weekend comes the workers are solely responsible for patient care. The

patients can go to hell for all they care. They are certainly not leaving their pet hobbies to come see about patient care.

Joint Exhibit 18G.

As We See It — B.I. Employee Newsletter.

My Employment at B.I.

I am an employee in the Medical Records Department at Beth Israel Hospital since November of 1972, and still am up to this time.

Six months after I started, I began to have problems with the job I was assigned to, so I went to the Personnel Department to ask for a transfer. I told Miss Flynn that I saw a job posted on the bulletin board which I was interested in. She set up an interview for me, but when I went for the interview, she told me that the job had been filled.

I tried to get transfers three more times for specific jobs, but I never got them. One time I was called into the office by my department head and was told that she did not appreciate me going over to Personnel to ask for a transfer, because if I am not happy in the record room she don't think I would be happy anywhere else in the hospital so I should seek employment somewhere else at some other company. I in reply said to her it's not for her to make decisions for me, she should let me decide for myself what is good for me.

In July of 1973 I was introduced to a union for hospital workers by a fellow employee. I became interested by attending their union meetings sometimes twice a week. I was involved by being a member of the Organizing Committee which means I got other fellow employees to sign union cards and asking them to attend the meetings.

My supervisor, Mrs. Richmond, got to know that I was involved. Then I suddenly began to have more problems on my job. She has been harassing me since, by asking me why

I have not been sending out more correspondence, and telling me that I have to pull my own charts and do my own micro-films, etc. I finally got the message that she knew I was involved with the Union. Anyway I accepted the extra responsibilities that was given to me, but the harassment went on and on. I have been told by one of my fellow employees that she was asked by my supervisor if, as I was called, "That Pam" was trying to get you to join the Union. Another employee was asked if she had seen "That Pam" out there in front of the hospital giving out leaflets.

On June 12, 1974, I injured my knee on one of the desk drawers in the record room. I had not reported it the same day to the health service but two of my fellow employees saw when it happened and I had mentioned it to several other employees in the department. I kept on working until the following week I noticed my knee was swollen. I went to the Employee Health Service, then to the Emergency Ward, and finally to the Orthopedic Clinic. I was told to take time off from work, which I did. Later I went back to work, but continued seeing a doctor in the clinic.

continued on page 2

IN THIS ISSUE . . .

Dead End Jobs
Hospital Rate Increases
X-Ray Techs Air Greviences [sic]
and more . . .

[2]

On July 10, I had a clinic appointment, but I asked the clinic secretary to call me in the record room when the doctor was ready so I could work while I waited. After I was seen in the clinic I went back to work not eating lunch or anything. I was approached by Linda Duffy, one of the

assistants of the department head. She said to me, "Pam, what were you doing downstairs?", not saying it in a mannerly way but as if she was talking to one of her kindergarten students. I in return answered her by saying, "What do you think I was doing downstairs?" I imagine she did not like the way I answered her, so about ¾ of an hour later I was called in to her office. Behind closed doors she said to me, "Since January you have been out 9 days of which you have been paid for 7 days". I told her 7 days are my sick days and 2 days are the days I took off when thieves broke into my apartment. She said it was not up to the department standards. They wanted someone who can work a 40-hour week. I said to her I am entitled to 10 sick days a year and if I am out sick I did not think I should get a warning notice. She tried to give me a warning but I did not sign it. She took me to Personnel, but I still wouldn't sign it.

Six weeks later, on August 28, I was out sick suffering from abdominal pains. When I returned to work the following day I was called into the department head's office and was issued a second warning notice for being out sick. She said if I should be out sick again I should bring a doctor's certificate giving the reason why I could not work or come in to the employee health service and let them decide whether I can work or not. I again refused to sign the warning. I was taken again to Personnel. I still did not sign the warning. Miss Hansen also told me that I should seek employment in some other company. I guess by now there was no way I would get a transfer because they want me out.

Last and finally I was told by the assistant director when I was hired that if at any time I have other business to take care of I can take the time off and make it up at a later date. I have done this for doctor's appointments and emergencies. On October 2, I had asked to leave an hour early on Thurs-

day the 3. After I had asked, I was called in the department head's office and was told that they will give me the time off but that I would not be paid or allowed to make up the time. I had asked why; the answer was you have taken more time out than any other one in the department. I then replied, "I make up the time." She said, "I don't care, but if you should ask for any more time out that will be the end of your employment."

I have planned my vacation for Dec. 21 and I think that this is what they are trying to gyp me out of. I want you to know that I will not sit down with all this aggravation, I am fighting it, and I have other employees to support me.

Pam Spencer

HOLIDAY WORK

There have been several holidays lately, and they've left a lot of us feeling cheated. This is why:

1. We work the holiday. There are fewer people working then other days, but the patients' needs are just the same. We often end up doing more work than on a regular day.
2. The supervisors ask that we take a day off with pay some other time — some time of the supervisors choosing — rather than being paid for working the holiday, so we don't sign — for the holiday.
3. A few days later, or earlier, but in the same week, the department is very busy, or someone is on vacation and their work needs to be done, so we work overtime.
4. Payday comes around and we discover that we have only been paid straight time for the extra hours. We have worked well over 40 hours, are exhausted, but are not justly compensated for our efforts.

More than 8 hours per day is overtime and we should be paid for it. We're tired of the administration taking advantage of us in every way it can.

[3]

Room Rate Increases — Don't Blame the Workers

Once again the hospital rates have gone up at BI and other Boston hospitals. At BI private and semi-private rooms have gone up about 24% since May. Intensive Care rooms have gone up 47%! (see chart). Clinic rates (BIAC, walk-in, specialty clinics) have gone up just as much. In June BIAC medicine went up from $18/visit to $20. In October it just went up to $23. This is a 27% increase. In October alone BIAC walk-in jumped from $10/visit to $14 — a 40% increase.

A common view is that the increase is due to "rising personnel costs" — our salaries. But that just can't be. Salaries make up about 60% of most hospital budgets. Our salaries have gone up 14% since May. A 10% rate increase would cover the cost of our salaries. Where is all this money from rate increases going? We're sure not getting it!

Before May: cost of room/day	May increase new rate	% increase	Oct. increase new rate	% inc.	% increase since May
Private room $125	$140	12%	$154	10	23%
Semi-Private $104	119	14%	129	8	24%
Intensive care $225	295	16%	375	27	47%

". . . Divided We Fall"

It's time to take a stand against the racial hostilities that are so strong all over Boston now. Any working class family living in Boston must send their children to bad

schools. All of us working at BI need better working conditions and pay. It has nothing to do with color or nationality.

Many people with power have an interest in keeping us fighting. If we fight over who will go to what school, then no one will be fighting for better schools for all of us.

It's the same in the hospital. Here we have a split between whites, American Blacks, West Indians and Spanish speaking people. Clearly, there is discrimination in the hospital between whites and members of minority groups. But what about between different minority groups? Many Spanish speaking feel West Indians get treated better. Many West Indians look down on American Blacks. Is there really that much difference in the way we're all treated? All women in the kitchen work a hard 10-hour day, regardless of their race or nationality. Many of us are working in under staffed departments. None of us are getting paid what we should.

Our prejudices only help the bosses. Workers must stop fighting each other and work together for a better community and better jobs.

[4]

The Dead End Job

How many people do you know in the BI who've moved to new and better jobs? Not many, are there? We all seem to be stuck in dead end jobs. A few people get lateral transfers, but these rarely involve new skills to be learned. Usually they're jobs that aren't better paying — just a move to a new department.

This lack of mobility hurts minority workers the most. It is common knowledge that most workers in lower paying

jobs — dietary, laundry, housekeeping, transportation, etc. are minority people. Almost all technicians, nurses, etc. are white. Anyone who doubts this should just look around.

BI does participate in a number of training programs. It does all or most of the selection of students in the following programs: X-ray technology, Biomedical Photography, Dental Assistants, and Dietary Interns. These programs, combined, have about 50 students. Only about a half dozen of them are minority people. Most of the students will not be hired on as permanent workers. It is clear, then, that BI's training programs do not change the pattern of racial discrimination by job category.

In addition very few of the students are former regular BI employees learning a new skill. The barrier, of course, is money. Some students are paid stipends which amount to less than Federal minimum wage. Some are paid nothing. Most must cough up tuition fees as well. This excludes almost any employee with family obligations.

Programs that will provide ways out of dead end jobs are needed. Unions and hospitals in New York have developed plans which pay workers to train for better jobs. An educational fund will pay a worker's tuition plus up to 85% of his or her old salary while he or she learns a new skill. Employees train to be RNs, LPNs, medical technologists, cooks, physicians assistants, maintenance technicians, etc. High school equivalency, High school review, and English as a second language programs are also available to help workers prepare themselves to train for new jobs.

Job-upgrading programs in New York only came into being with unionization. We would ask the BI administration, what is it doing to help employees advance themselves by learning new skills?

Pay Us Once a Week

We workers at the BI get our paychecks every two weeks. It is very hard, especially with inflation the way it is, to make a paycheck stretch over two weeks. It especially hurts workers who have to support families because there are more bills to pay and more reasons why the money slips away — like needing to buy milk for supper and needing to give children lunch money. There is ONE reason why it's easier for the people at the top who get big paychecks to make it last until the next paycheck or usually even longer. It's because they make MORE money. Their money lasts longer. They don't need to spend it all on food and bills.

Besides the administration just not caring about workers, they are also making money on the two-week paycheck deal. Instead of the money going in our pockets every week, it goes in the bank where the BI collects interest from it.

We called 35 hospitals and 28 of them pay workers once a week. Some of the hospitals that pay once a week are: Cambridge City Hospital, Children's Hospital, Deaconess Hospital, and Peter Bent Brigham Hospital. BI should pay us once a week, too.

[5]

Radiology Head File Clerk Resigns

September 27. Ivan Bath, Head File Clerk of the Radiology Department, resigned his position. In a written statement, Bath cited BI's refusal to deal with understaffing in the File Room as the primary reason for his resignation.

The X-Ray File room is open from 6am to 9pm and must file reports and films on 75 to 200 cases a day. There are a total of five full time workers and two part-time workers to do this job.

Over the summer one half-time weekend position and one half-time weekday position were eliminated from the file room. In addition, of course, no vacation coverage was provided.

The result was that file room workers were forced to work long hours of involuntary overtime. This has led to low morale and fatigue. Reports and films have become backed up. Doctors can't get their films and reports on time. Patient care is suffering.

Instead of dealing with this situation by trying to improve the staffing problem, the administration preferred to try to scapegoat Bath for "poor management." His response was to resign, after 7½ years of service. He will be missed by patients and workers.

You have to wonder what kind of an operation BI is running when it lets people like Ivan Bath go.

Joint Exhibit 18G.

X-RAY DEPT.
I'm SORRY DOCTOR, IT WILL TAKE ME AT LEAST ½ HOUR TO LOOK THROUGH ALL THESE X-RAYS— BECAUSE WE ARE SO UNDERSTAFFED, THEY'VE ALL PILED UP.
PLEASE GET ME THIS X-RAY.

X-ray Techs Air Greviences

At a recent departmental meeting, X-ray technicians raised some of their grievances. The main problem is understaffing. The techs would like another X-ray technician for the evening and weekend shifts, a darkroom technician on the weekend and someone to take over for the weekend receptionist who has been out sick. It was also brought up that another room is needed for routine work (bones, chests, etc.,) in the morinings. The idea of 45 minutes instead of a half-hour for lunch was also mentioned. The chief technician agreed to do her best to try to deal with some of these issues.

The problems in X-ray are very similar to the problems in many other departments. Understaffing is common at BI. It is something that the trustees and administration have an interest in — it saves them money. One department by itself can't bring much pressure on management. This is why we need a union — so we can unite the various departments to demand as a group the improvements we need.

[6]

A Good Union Contract.

A new union contract in New York City between S.E.I.U. Local 144 and the Association of Private Hospitals provides for a $20/week across-the-board increase for all 8000 hospital workers covered by the contract. This brings the minimum salaries in those hospitals to $171/week, and this is for a 35 hour week!

In addition to that, there will be a $2/week increase for each per cent increase in the New York City Consumer Price Index over 5 percent.

All employees who have worked for 5 years will get 4 weeks vacation, and those who have worked for 15 years will get 5 weeks vacation/year.

Wages and vacations are really getting better for unionized hospital workers.

Overtime for Nurses

Lately the supervisors have been saying that the nurses on our floor have been putting in for "too much overtime". Yet every time you turn around, there's a supervisor pleading with you to work a double. Besides that, at shift change, it seems that report usually lasts an hour or more. Oh, we'd be GLAD to leave at 11:15 sharp — every night!

Letters:

Oh Johnny, Oh Johnny. It's time you left behind your slavery tactics back home. We are in a Mod World. Also remember you were once in that same Green Uniform.

A Dietary lady subject to gastric complaints one morning walked out for her break with a cup of hot water. Johnny yelled, "Graham, what have you in that cup - Farina?" Graham replied, only hot water. Johnny did not take her word and followed Graham to the locker room and made her open up the cup — it was only hot water.

Privileged supervisors are blind to signs and partake in sumptous meals free of charge from food trucks. Oh Johnny — they are meant for patients. Don't cause any pain — the line is aware of your tactics. Your deceptive black smiles and flowing language is only good for whites. But, we Blacks know — you are a pain in the neck.

Pistol Packing Mamma, BIH

October '74

Mass. Hospital Workers
Local 880
Service Employees International Union, AFL-CIO
354 Longwood Avenue, Boston. Telephone (617) 738-0850

Joint Exhibit 18H.

As We See It—November, 1974

Unattended Specimens

Not only do patients sit on bedpans too long but specimens go bad. There has been much discussion about understaffing at the Beth Israel. Most often the concern is lack of nurses and nurse's aides on the floors as directly affecting patient care. But one of the major ways of diagnosing a patient's illness is having tests performed. With insufficient staff in the laboratories incredible things can happen! Specimens often times must have immediate tests done on them or at least be refrigerated or incubated. Due to understaffing, lab specimens sit on countertops for hours, therefore results are misleading or altogether wrong. Accuracy of lab reports is crucial in diagnosing and treating a patient's illness.

- a concerned secretary

These are some of the improvements that we at Beth Israel need. Unionized employees could negotiate these issues. We're STILL waiting to see what B.I. does on its own . . .

	solved	not solved
1. A career ladder providing adequate training for employees to move to better jobs		/
2. Employment preference for present employees who could be trained for new positions		/
3. Increased minority hiring, especially for technical positions		/
4. Free English classes on work time		/
5. Adequate staffing		/

	solved	not solved
6. Across the board 50¢/hour increase; $3.50 minimum wage		/
7. 10% "catch-up" cost of living raise	/	
8. Automatic quarterly cost of living raises according to government figures		/
9. Fully paid Blue Cross/Blue Shield for both individual and family plans	/	
10. Liveable pension plan with equitable benefits and automatic cost of living increases		/
11. Quick grievance procedure with independent arbitration as final step		/
12. End dead-end pay scale; provide automatic longevity increases	!	!
13. 4 weeks vacation after 5 years 5 weeks vacation after 10 years		/
14. 12 days paid sick leave per year 3 days paid leave for personal reasons		/
15. Double-time-and-a-half for working holidays		/
16. Fully pro-rated benefits for all part-time workers based on hours actually worked		/
17. Pay or time off for overtime work at employee's option		/
18. Safe and comfortable working conditions		/
19. Cafeteria food at cost; free meals during overtime work		/
20. Right to present demands as a group		/
21. 24 hour MD staffed employee health service		/

	solved	not solved
22. Right to see your own personnel file		/
23. Free employee parking		/
24. Pickup service to Kenmore and Dudley Sta.		/
25. Protection to and from transportation for employees after dark		/
26. Adequate protection for EW personnel		/
27. Free day care		/
28. Guaranteed respectful treatment		/

[Footnotes omitted.]

Joint Exhibit 18K.

As We See It—February, 1975

As for us who work in transportation, (etc.), we know that B.I. secretaries, and even many nurses, are some of the most pressured and the lowest paid of hospital secretaries and nurses around, and that they need a union as much as we do; and while we can't let them take it out on us, we shouldn't throw mud back at them either. We should try instead to fill them in on how we've got it bad too, and how we have to stick together to build a union to take it out on the people who are really responsible for the understaffing that makes the delays that make bad patient care that makes the pressure that makes the hollering!!

Joint Exhibit 18L.

As We See It—February, 1975

BI's "Deficiencies"

BI is licensed for 374 beds. When the Department of Public Health came to inspect BI last December, there were 390 Beds.

Much of the hospital is "not maintained in a sanitary manner."

Patients records are not always complete because treatments patients receive are not always recorded in their records. Autopsy reports more than three years old have still not been filed in patients records.

The pharmacy is not staffed at night, so that nursing supervisors have to be responsible for getting medicine from the pharmacy after 9 p.m.

Respiratory treatments ordered by doctors are not always performed.

. . .

As far as respiratory therapy treatments are concerned, BI just said that the most acutely ill patients get their treatments, and they try to talk the doctors who order treatments which are "desirable but non-essential" out of their orders!! So patients who need the treatments to stay alive get them, but those who need them to get better don't get them.

. . .

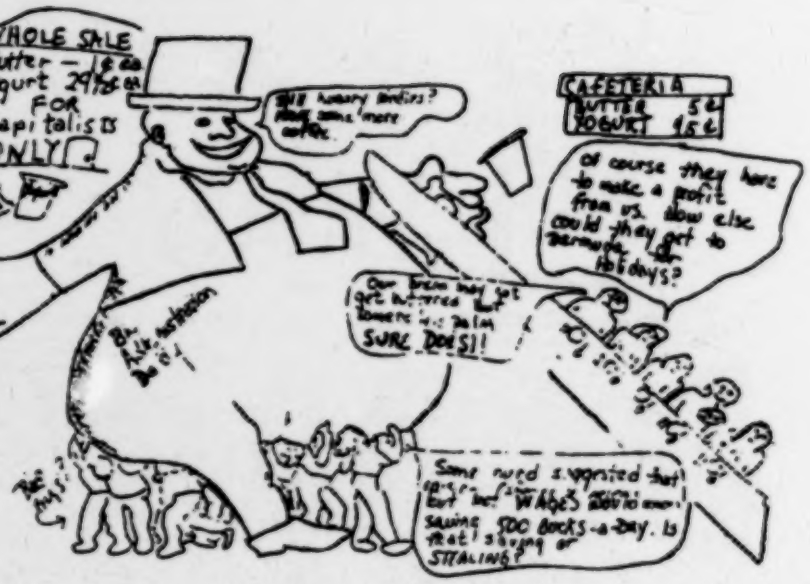
Who You Callin' Bad?

We aren't supposed to talk about building a worker's organization or a union because the cost-of-living raises, the better benefits and the overtime pay we'd get with this might mean less money for patient-care. But what about the fat salaries administrators get that are two, three or four times the pay we get!! The difference between their pay and ours could hire a whole lot more nursing and service people, giving jobs to the unemployed and really improving patient care.

My BAD idea is to dump rich people from the Administration, (because if they can take the salaries they're taking, they obviously don't give a damn about the patient care

and shouldn't be working in a hospital in the first place), and then put the couple of hundred thousand dollars a year we'd save into new nursing and service positions. Then the hospital wouldn't need to steal back our paychecks in the cafeteria, charging us 45¢ for yogurt that costs the hospital 29½¢ and 5¢ for a pat of butter that costs the hospital only a penny, etc., etc.

Joint Exhibit L.



Joint Exhibit 18M.

Joint Exhibit 18M.

The HAPPY BI FAMILY
DON'T MOVE, OR YOU'LL UPSET PATIENT CARE
DRUG MONOPOLISTS, TRUSTEES, EQUIPMENT + SUPPLY Producers, ADMINISTRATORS
UNDER-STAFFED/UNDER-PAID SERVICE WORKERS, NURSES AIDES, TECHNICIANS
ORGANIZE!!!

Joint Exhibit 18M.

As We See It—April, 1975

Nurses Oppressed by Understaffing!

I'm working as a nurse at Beth Israel and wish to express some of the oppressive feelings that I, and probably most nurses here, are experiencing.

. . .

The basic problem? Understaffing might sound familiar to you. It seems that everytime I protest the inadequate staffing, I am informed by a few more experienced BI nurses that the "staffing has been much improved from only a year ago." But the fact remains that the ratio of patients to nurses presents a hazardous environment and precludes the delivery of optimal health care.

If you are working on the floors, the consequences of this understaffing are evident:

How often are you knowledgeable of the medical status of your patients? When a relative or friend of a patient asks you "How is she/he feeling?", can you really answer the question? (Often I'll know if the patient has voided or eaten well, but she/he may have impending congestive heart failure for all I know.) There are times when I can skim through the patients' charts, but that opportunity should occur with every patient who is under my care. Even though I've become somewhat adjusted to it, I still resent knowing usually only the medical diagnosis stated in the Kardex.

How often do you go on medical rounds? I have always believed that nurses are an integral of the "medical team" but it seems otherwise on most of the floors. Excluding social service rounds (if you have the time to attend them), the opportunity to contribute to a patient's plan of care remains with scattered moments, whenever you're around

and/or when the intern is available. Since we do spend the most time with patients, it appears logical that we should be both highly informed about that patient and participate in the planning of her/his care.

. . .

The inadequate communication of course exists among nurses. We have our Kardexes to relay information, however, not much time is available to complete and update them.

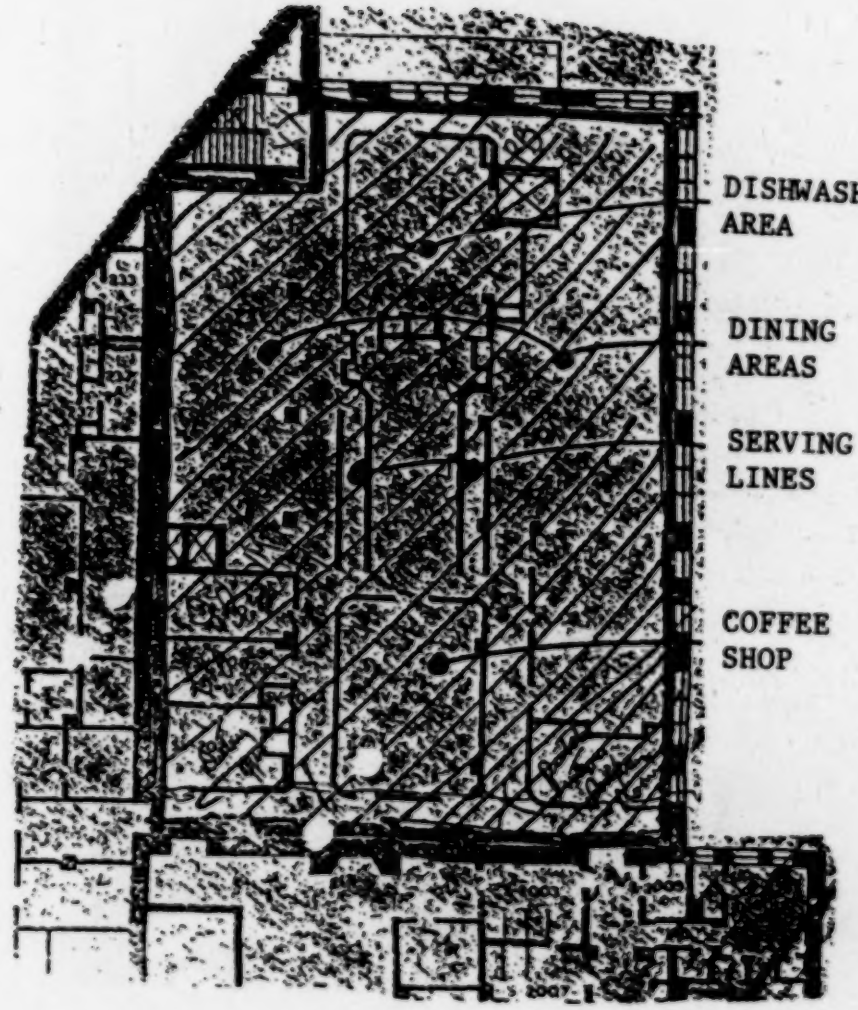
Inservice Education was a primary attraction for me in applying to BI. For the few conferences given, I've rarely had time to attend them. Usually it means a compromise of the total care I believe each patient should receive.

At times, the understaffing causes me to lose my perspective on patients' hospitalizations. I might resent their "fussiness" or "talkativeness" only because I have so much to do with other patients. And that just makes me feel worse about my job and, therefore, myself.

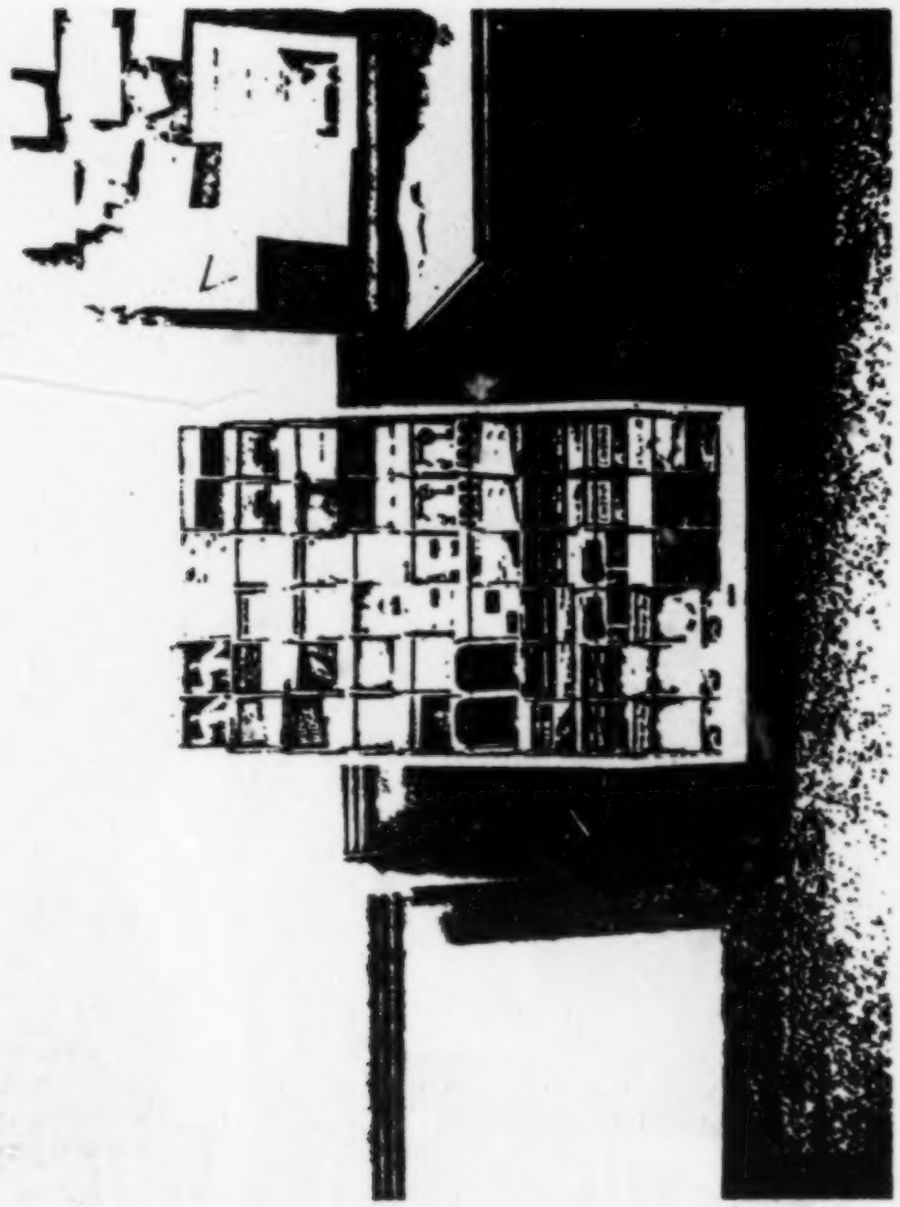
The patients are also being compromised when we come to work with a cold. Yes, we have "sick days", but how often are you pressured, interrogated and made to feel guilty when calling in? When doing so, of course you feel as if you're "letting down your fellow workers", particularly because it's very likely that your floor will be only more understaffed.

. . .

Joint Exhibit 20.



Joint Exhibits Photographs 21A, 21B, 21C and 21E follow.



YOU
CAR POOL BOARD

Joint Exhibit 22A.

Newsletter from the General Director — 30 November 1972.

. . .

Tuesday, 5 December: One new activity this year features a special day where administrative personnel will serve a free meal to you in the cafeteria. Your supervisor will give you a computer card bearing your name which will be your ticket entitling you to one free meal on Tuesday, 5 December, either breakfast, lunch or dinner. Even if you can't eat with us on Tuesday, be sure to deposit your ticket in the cafeteria anyway because it will be used for the drawing of door prizes later in the week. For further details on the menu for that day, check the cafeteria bulletin board.

Wednesday, 6 December: Employee Service Awards will be given to employees celebrating anniversaries of 5, 10, 20 or 25 years or more at the Hospital. This year over 200 such long-time employees are being honored. Following the presentations by Mr. Sidney Stoneman, President of the Board of Trustees, and by me, there will be a tea for the honored recipients and their families in the South Cafeteria.

Joint Exhibit 23A.

We need 15 good people. Do you qualify?

Joint Exhibit 23A.

We Need 15 Good People

Beth Israel Hospital is forming a softball team to compete in the Boston Hospital League of the American Softball Association. To do so we need 15 good people who can play softball, or who would like to give it a try.

Do You Qualify?

You can find out by attending a meeting on Tuesday, March 25 at 4:00 P.M. in the Kirstein Living Room.

The BI team is run by employees for employees. Call Gil Costa at 691 or Peter Sugarman at 2138.

Remember —

Attend the meeting on the 25th if you want to join the BI softball team.

Joint Exhibit 23B.

BETH ISRAEL HOSPITAL
BOSTON, MASS. 02215

WARNING NOTICE

Employee Peter Gerace — Date March 19, 1975

Department Public Relations — Division Development

This warning notice has been issued to you because I have been advised that you violated the hospital rule against distribution of literature in the cafeteria, coffee shop and other public and work areas of the hospital and you instructed two other employees to post this literature in unauthorized areas.

This is the first X second ☐ FINAL ☐ warning:

Further violations will result in: Disciplinary Action

I have read the above and understand it.

Signed /s/ Peter Gerace Signed /s/ David Bassin

Employee Supervisor

Copy #1 to Personnel; Copy #2 to Division Head;
Copy #3 to Employee; Copy #4 retained by Supervisor

FA 44

Joint Exhibit 24.

Patient Information Booklet.

This booklet is designed to familiarize you with the people who will take part in your care, and with the facilities and services available to you. You are the focus of our attention. More than 2,500 members of the Beth Israel Hospital staff are working to speed your recovery and to make your stay as comfortable as possible.

Hospital schedules and routine procedures are designed to give you the most modern and efficient medical care available. Many aspects of hospital routine will be new to you. We would like to explain some of them to you in the following pages.

If you have any questions, please feel free to ask your doctor, nurses, or hospital-services manager. To assist you further, we have established a special telephone number: C-A-R-E (Extension 2273). If you desire more information about any of the services and conveniences described in this booklet, or if you have a complaint to register you can dial C-A-R-E (Extension 2273) 24 hours a day, 7 days a week. Your call will be recorded in the log book and the appropriate Hospital staff member notified. You will receive a speedy reply — usually within minutes — to your problem.

/s/ Mitchell T. Rabkin, M.D.
Mitchell T. Rabkin, M.D.
General Director
Beth Israel Hospital

Your Identification Band must be worn at all times. It assures that all the staff involved in your care will know who you are, even when you're asleep or away from your room.

. . .

Your Meals: We know that pleasant mealtimes are not only part of good patient care but are also important diversions during the day. We want to make your meals as gratifying as possible even though we may not be able to satisfy your dietary preferences completely.

. . .

Visitors: Your family and friends are welcome to visit. They must observe certain procedures so they won't interfere with your rest or disrupt the routine of good hospital care. The maximum number permitted in your room is two visitors per patient. Loud conversation, smoking, and sitting and lying on your bed by your visitors are not permitted. Don't forget that the patient in the next bed may be far sicker than you; be considerate of him or her. If your visitors are too many or too loud, the nurse or hospital-services manager may ask them to leave or to quiet their noise. Your doctor may further restrict the number of visitors and the length of their stay if he believes it to be necessary. Visitors should not bring in any food or beverages for you without your physician's approval.

You may find that visitors tire you more than you expected. Do not hesitate to tell them you feel fatigued and

ask them to leave; you are not expected to be a host while you are a patient. If you would be more comfortable having the nursing staff ask them to leave, you may arrange it that way. If you want us to restrict your visitors to a limited group, please let us know.

Visiting hours are set to permit much of your care to be accomplished without interruption before visitors arrive, and then to permit evening nursing care to take place at a reasonable time once the visitors have left. Visiting hours are as follows:

. . .

Since children are frequently the carriers of contagious disease, children under 13 years of age are not usually permitted to visit patient areas of the Hospital. However, arrangements may be made for your children to visit you under certain circumstances. In all cases, the decision to relax visting hours and rules is made only by the nurse in charge of your unit.

. . .

Coffee Shop and Cafeteria: The coffee shop, located behind the lobby on the second floor, is open to visitors 24 hours a day. The Hospital cafeteria is open to visitors for breakfast (6:30 a.m. to 9:00 a.m.), for lunch (11:00 a.m. to 1:30 p.m.), and for dinner (4:00 p.m. to 6:30 p.m.). The Children's Inn, close by on Longwood Avenue, has a public restaurant and can also provide accommodations for out-of-town visitors.

. . .

About Beth Israel

Beth Israel Hospital was established by the Boston Jewish Community in 1916 as a voluntary hospital to provide medical and hospital services for the sick and disabled of every race, color and creed, and to carry on educational

and scientific activities that promote effective patient care. From a small community facility, Beth Israel has grown to become a major university hospital affiliated with Harvard Medical School, nationally known both for patient care and for leadership in medical education and research.

Today, the Hospital, which has 374 beds and 62 bassinets, treats more than 16,000 inpatients and handles 120,000 outpatient and Emergency Unit visits every year. Nearly 2,750 doctors, nurses, other employees with a broad variety of skills, volunteers, and students participate in the work of health care at B. I. Some 1,200 people receive all or part of their professional education here each year through Beth Israel's affiliations with many of the Boston area's universities and colleges. All of these people are dedicated to fulfilling the goal of the Hospital's founders by providing the best possible health care for you, the patient.

Joint Exhibit 25A.

Beth Israel Hospital
Boston, Mass. 02215

Memorandum

To: M. Ames M.A. Date: April 15, 1975

From: L. Jacoby L.J.

Attached are the results of the survey made on April 7, 8 and 9 on the usage of the Cafeteria.
The data from the survey should be helpful in our developing alternate plans for feeding of employees during the period of time when the Cafeteria will be undergoing renovation.

As you can see, the Cafeteria is used by outsiders at each meal, of which the most heavy usage is in the evening.

LH

To: A. Cronin

Survey of Usage of Cafeteria April 7, 8 and 9, 1975

	Monday			Tuesday			Wednesday			Percentage of All Meals
	B	L	D	B	L	D	B	L	D	
B.I. & Harvard Employees	385	716	149	371	708	167	355	659	153	77.00%
Patients	12	2	6	9	4	5	13	13	10	1.56%
Visitors	16	35	68	13	77	73	16	61	69	9.00%
Students	35	88	8	33	72	9	35	66	12	7.52%
Volunteers	4	35	10	4	24	7	3	36	7	2.73%
Attending Physicians	8	11	1	8	3	5	3	3	3	.95%
P.D. Nurses	4	0	6	4	4	0	0	0	0	.38%
Women's Aux.	1	3	0	1	1	0	0	0	0	.13%
Construction Workers	10	2	0	13	0	0	7	1	0	.69%
Sales Rep.	0	0	0	0	2	0	0	0	0	.04%
Total	475	892	248	456	895	266	432	839	254	100.00%

Percentage of Non-Employees Using Cafeteria
April 7, 8, 9, 1975

Total Meals Served	4757	
Meals Served to Employees	3663	
Meals Served to Outsiders	1094	23.0%
Total Breakfasts Served	1363	
Breakfasts Served to Employees	1111	
Breakfasts Served to Outsiders	252	18.5%

Total Lunches Served	2626	
Lunches Served to Employees	2083	
Lunches Served to Outsiders	543	20.7%
Total Dinners Served	768	
Dinners Served to Employees	469	
Dinners Served to Outsiders	299	38.9%
Total Monday Meals	1615	
Monday Meals Served to Employees	1250	
Monday Meals Served to Outsiders	365	22.6%
Total Tuesday Meals	1617	
Tuesday Meals Served to Employees	1246	
Tuesday Meals Served to Outsiders	371	22.9%
Total Wednesday Meals	1525	
Wednesday Meals Served to Employees	1167	
Wednesday Meals Served to Outsiders	358	23.5%

Percentage of Patients and Visitors Served

Monday	Breakfast	5.9%
	Lunch	4.1%
	Dinner	29.8%
Tuesday	Breakfast	4.8%
	Lunch	9.1%
	Dinner	29.3%
Wednesday	Breakfast	6.7%
	Lunch	8.8%
	Dinner	31.1%

Joint Exhibit 27B.

Newsletter from General Director — 23 January 1975.

The new edition of our statement on patients' rights is just off the presses. It is in blue-green ink this time. If you haven't read it in a while, please do so. And remember that the real challenge is to convert the ink and paper into an institutional life style. It takes all of us to do so, including you.

Joint Exhibit 28E.

Newsletter from the General Director—8 August 1974.

. . .

Of late, a few paper signs and notices have been taped to walls and doors about the Hospital. Please note that bulletin boards exist for that purpose. Signs should be kept off walls, windows and doors. . . .

Joint Exhibit 29B.

Newsletter from the General Director—17 October 1974.

Enrollment in the new Credit Union will begin during the week of 28 October - 1 November. A registration table will be set up outside the North entrance of the cafeteria during meal hours, to assist Beth Israel employees who wish to do so to join the Credit Union. Any questions you may have about the Credit Union itself, or details on how to arrange for regular savings through payroll deductions, when new members will be eligible to apply for loans, etc., will be answered at that time.

Please be sure to have your Beth Israel identification card with you if you wish to enroll in the Credit Union. . . .

Joint Exhibit 31.

Locker Room with Sanitary Facilities.

No. of Locker	Sex	Location	Occupied by
II 35	Male	E-B01 with bathroom Employee only	Laundry and Respiratory Personnel
II 22	Female	L-B36 with bathroom and lounge Employee only	Laundry Personnel
II 44	Male	L-B27 with bathroom shower and lounge Employee only In Maintenance Shop - Locked at 3:45	Maintenance Personnel
II 7	Mixed	S-V01 with shelves of supplies Employees only	Pharmacy Personnel
II 9	Female	R-354 with shelves of supplies Employee only	Bacteriology Personnel
IV 16	Mixed	X-Ray c/Lounge Employee only	X-Ray Personnel
IV 22	Female	X-Ray with bathroom	X-Ray Personnel
II 110	Male	SV-321 with bathroom shower and lounge Employee - Dr's.	Operating Room isolated from pt's area
II 84	Female	SV-325 with bathroom and lounge	Operating Room Nursing employees - isolated from pt's area

No. of Locker	Sex	Location	Occupied by
IV 28	Female	S-3281 conference with locker Room is separate	3 South Nurses pt. rooms on each side
II 2	Male	E-401 lockers and bed Employee service	Doctors East wing contains no patients here
II 18	Mixed	N-507 - Employee only	SICU Personnel
IV 28	Female	N-516 with sink and Conference Room is separate	5 North Nurses pt. rooms across corridor
IV 10	Male	S-531 with Conference table Room is separate	Doctors & Interns pt. rooms across corridor
I 114	Male	SB-07 Locker Room #1 - Large locker room with lounge area, showers, toilet Employees only Totally isolated	45 Male Dietary 6 Storeroom 33 Transportation 6 Housekeeping 5 Nursing 6 Security Guards 1 Photography 2 Volunteers 10 Pharmacy
I 159	Female	SB-16 Locker Rm #2 large room with chairs & toilet facilities Employees only Totally isolated	46 Housekeeping 7 Nursing 7 Mailroom 4 CSR 1 Laundry 1 Transportation 58 Dietary 13 Empty

No. of Locker	Sex	Location	Occupied by
I 249	Female	SB-18 Locker Rm #3 large room with chairs & toilet facilties Employees only Totally isolated	25 Dietary 3 CSR 1 Laundry 9 Hospital Services 2 Mailroom 29 Housekeeping 105 Nursing 1 Anesthesia 1 Dr. Deykin Lab 1 Photography 8 Pharmacy 64 Empty
I 85	Male	SB-09 Locker Rm #4 large room with lounge & toilet facilities Employees only Totally isolated	56 Housekeeping 4 Volunteers 1 Chemistry 1 Operating Room 1 Security Guard 2 Nursing 3 Hospital Svs. Mgt. 1 CSR 2 Storeroom 8 Transportation 6 Empty

All locker rooms have doors closing off all outside areas.

Quan.		Sex	Location	Department	Occupied by
III	15 outpatients walk thru area	U	Yamins bsmt. cor.		Technicians
III	4 under stairs - out of path of patients	U	Yamins bsmt. stair well		Technicians
IV	15 Employees only	M	Yamins Y-104		Technicians
III	5 office area - no patients or visitors	U	Yamins 4th fl. cor. Y-416	Business only	Technicians
I	4 Employees only	U	L Bldg. L-238		Technicians
I	1 Employees only	U	L Bldg. L-242		Technicians
III	27 outpatients pass thru corridor	U	L Bldg. bsmnt. cor. LB-37		
II	22 Employee (Room) only	F	L Bldg. LB-36		
III	19 Lab area - no patients or visitors	U	L Bldg. L1-cor. L-179	(medical personnel)	
I	18 Pathology area - no pt's or visitors	F	E Bldg. E-119	(medical personnel)	
II	35 Employee only	M	E Bldg. E-B01		

Quan.		Sex	Location	Department	Occupied by
III	9 Special procedure - pt's pass here	U	L Bldg. L-2 cor. L-219	under anaesthesia	
IV	8 Employee only	M	L Bldg. L-334B		Technicians
IV	15 Employee only	M	L Bldg. L-320		Technicians
IV	11 Employee only	F	L Bldg. L-303		Technicians
IV	4 Employee only	M	L Bldg. L-424		Technicians
IV	6 Employee only	F	L Bldg. L-422		Technicians
IV	14 Hosp. Personnel only	U	E Bldg. Radiology File Room	Radiology	Technicians
II	35 Employees only - isolated	U	E Bldg. Locker Area	Radiology	Technicians
III	5 patient lockers	M	E Bldg. Patient dressing Area	Radiology	Patients
III	7 patient lockers	F	E Bldg. Patient dressing Area	Radiology	Patients
III	6 outpt's pass thru	U	OPD-basement cor. OB-03		Housekeeping
III	16 outpt's pass thru	U	OPD-basement cor. OB-26B		Housekeeping

Quan.		Sex	Location	Department	Occupied by
II 2		U	Rabb 4 Waiting Area pt's only	Clinic area	Patients
II 8		U	Rabb 4 R-417 pt's only	Room is isolated for	Patients
III 6	outpt's (Blood Donors)	U	Rabb 3 R-340B pass thru		Technician
II 9		U	Rabb 3 R-354 separate room		Technician
II 31	Employee corridor	U	Gryzsmish Bldg. cor. N-307 - in corridor		Technician
V 15	Employee only	U	Emer. Ward N-106C	small foot lockers	Nurses
V 18	Employee only	U	OPD-3 0-302	Dental small foot lockers	Technician
IV 5	Employee only	U	South Bldg. 8 So.	Dieticians office small foot lockers	Dietician pt's outside area
III 4	C.R.C.	U	North Bldg. N-812	8 No. Med. Res. Unit	Patients isolated
III 2	pt's only	F	North Bldg. N-807	OBS Patient Rm.	Patients

Quan.		Sex	Location	Department	Occupied by
II 6	Employee only	F	South Bldg. S-831	OBS (2 of 6 are for del. uniforms)	Nurses
II 10	Employee only	M	South Bldg. S-829	OBS isolated	Doctors
II 4	Employee only	M	South Bldg. S-829A	OBS isolated	Doctors
III 27		Mixed	LB corridor by Material Services	Visitors and employees may pass thru — no patients	Drs. & Lab. Technicians
III 31		Mixed	North corridor by Hematology	Employee only area	Hematology, chemistry

Sex Code — M = Male
F = Female
U = Undetermined
Department — no listing — unable to determine
Occupied by — no listing — unable to determine

Lockers that are confined to Nursing Stations

No. of Locker		Sex	Location	Occupied By
II 18	separate room Hand bags	Female	S-4353 small lockers	4 South Nurses off solarium
II 10	separate room	Male	S-431 small lockers	4 South Dr.'s & Interns
IV 10	separate room across from N. Station	Female	N-416 small lockers conference	4 North Nurses
II 18	separate room	Female	S-5353 small lockers	5 South Nurses off solarium
II 10	separate room	Mixed	S-6286 small lockers	6 floor Dr.'s & Interns
II 18	separate room	Female	S-6333 small lockers	6 South Nurses off solarium
II 10	separate room	Female	S-722	OBS/Gyn Resident Quarter

Joint Exhibit 32.

Newsletter from the General Director — 30 May 1974.

The spring fund drive for the Combined Jewish Philanthropies is under way. One of the major beneficiaries of CJP funds in this country is Beth Israel Hospital and abroad, of course, it is the social and rehabilitative programs of the State of Israel. Please help as generously as you can. You may use payroll deduction if you wish. . . .

Respondent's Exhibit 2.

Newsletter from the General Director — 20 September 1975.

. . .

The second edition of our statement, "Your Rights as a Patient at Beth Israel Hospital, Boston" has just been published. It is the same color as the earlier edition but states on the back page, "Printed August 1972; 2nd Edition, August 1973." The major change has been addition of a statement that the patient has the "right to request and receive consultation" on his medical condition. Following the appearance of our first edition, the American Hospital Association came up with its own version and urged all 7000 hospitals of this country to follow the example we set at Beth Israel. We have received over 1000 inquiries about patients' rights from all over the world. Even more important is the fact that comments by our own patients indicate that the concept of patients' rights at Beth Israel is more than printed words on paper. Patients' rights are put into meaningful action by Hospital employees, students, volunteers and staff physicians and dentists — another example of the special qualities of Beth Israel that make it one of the finest hospitals in the country. . . .

Respondent's Exhibit 3(a).

29 July 1971

Dear Doctor:

WORDS — CONTENT — FORM — these banners have carried us to the problem-oriented record and, from perusal of charts throughout the House, we are making headway in more lucid documentary on and thinking about the patient's distress.

Less attention is paid to form and content of other words we scatter about the Hospital. Unlike our output for the medical record, these words are often ingenuous yet more public and readily overheard, inevitably subject to misrepresentation. I refer to the casual conversation in the corridor or elevator, in the lobby or cafeteria line. More than once a visitor has been privy involuntarily to a conversation or fragment of commentary he is apt to appropriate as having relevance to the patient he is visiting. The effect can be devastating. Even our conventional jargon can be desperately unsettling when overheard, or involuntarily deprive a patient of a measure of privacy he should enjoy.

"Form" as opposed to "content" pertains in part to decibels. Recent mail from patients brings a disturbing rise in complaints of noise. The blaring TV set and the loud visitor, both still present and annoying (and too often unchallenged by us on our daily routines) have given way to jarring conversation within rounding conclaves of physicians and students and to loud commentaries between nursing floor personnel as the major sources of noise that oppress the patient.

Collectively, we say too much too loudly and we listen too little. Pause and really listen a moment here and there throughout the day and night.

In general, we tend not to harp on decorum for its own sake, nor for support of an outmoded image of the healer's role. "Decorum" refers to behavior which is seemly or suitable. In the environment of the ill and their concerned families, certain aspects of behavior are indeed more suitable and worth cultivation, simply to get on with the tasks at hand. Since we all lapse, inevitably, we should, when needed, take or give a gentle reminder on the art in medicine with the same openness and generosity that we share for its science. . . .

Respondent's Exhibit 3(b).

Newsletter from the General Director — 30 September 1971.

. . .

Here is a letter I received from a recent patient . . . .

I overheard the medical conversations of a team of house doctors outside my room the other day. Although technical medical terms were being used, it seemed obvious that their animated conversation concerned the condition of patients in what I took to be adjacent rooms on the floor. As you no doubt know, noises seem to carry in those corridors. In fact, the acoustics are remarkable, probably second to Symphony Hall! The doctors probably had no idea that their discussion was being overheard — possibly even by the very patients they were discussing. It seems wrong to be so free with conversation, even though no harm is clearly intended. What of the poor patient hearing himself discussed? It seems to me that something should be done to the acoustical quality of the corridors as well as reminding the doctors not to share their patients' secrets. . . .

Respondent's Exhibit 3(c).

19 July 1973

Dear Doctor:

. . .

Among the rights of patients we insist upon is the right to privacy. This includes not only the reassurance of privacy in the process of history-taking and physical examination and restriction of access to the information obtained thereby, but equivalent discretion to be exercised in the discussion of such privileged information among physician colleagues. Patients and visitors are often horrified to overhear — in elevators, cafeteria lines, nursing unit corridors and stairwells — what is to the engrossed clinician innocuous professional discussion. And when patients' names are mentioned or gratuitous commentaries added, the error is compounded manyfold. Please restrict the voicing of your clinical discussions to include none other than your intended audience....

Respondent's Exhibit 3(d).

17 October 1974

Dear Doctor:

. . .

Finally, I want to extract from a letter I received from one of our medical staff members:

> Recently, a patient of mine was in the hospital and a couple of physicians who were not concerned with her care told some of her friends at a social occasion of the specific nature of her surgery.

No further comment is needed, I believe. But it is important to remind ourselves also that we run such risks of indiscretion many times over within the walls of the Hospital through casual conversation in corridors, elevators,

cafeteria lines, and other areas of ready contact with public and patients. Even some of our more general medical conversations may well be chilling to the unsophisticated or casual ear. Please be mindful of the potiential impact of your comments.

Respondent's Exhibit 4.

Newsletter from the General Director — September 1972.

A new brochure is now available to our patients in the Clinics, Emergency Unit and on the inpatient floors. Titled, "Your Rights As A Patient at Beth Israel Hospital, Boston," it states simply some of the facts of which patients should be aware as they seek our help. The text will also serve as a gentle reminder to us of the stature, humanity and importance of our patients. About 30 persons from all segments of our Hospital community have helped in the editing. Your comments are invited.

Beth Israel Hospital, its doctors, nurses and entire staff are committed to assure you excellent care as our patient. It has always been our policy to respect your individuality and your dignity. This listing is published to be certain that you know of the long-standing rights that are yours as a Beth Israel patient.

1. You have the right to the best care medically indicated for your problem, that is, to the most appropriate treatment available without considerations such as race, color, religion, national origin or the source of payment for your care.

2. You have the right to be treated respectfully by others; to be addressed by your proper name and without undue familiarity; to be listened to when you have a question or desire more information and to receive an appropriate and helpful response.

3. You have the right to expect that your individuality will be respected and that differences in cultural and educational background will be taken into account.

4. You have the right to privacy. In the clinics, you should be able to talk with your doctor, nurse, other health worker or an administrative officer in private, and know that the information you supply will not be overheard nor given to others without your permission. In the Hospital, when you are in a semi-private room, you can expect a reasonable attempt to keep the conversation private. When you are examined, you are entitled to privacy — to have the curtains drawn, to know what role any observer may have in your care, to have any observers unrelated to your care leave if you so request. If you are hospitalized, no outsiders can see you without your permission. Your hospital records are private as well, and no person or agency beyond those caring for you can learn the information in your medical record without your specific permission.

5. You have the right to know the name of the doctor who is responsible for your care; to talk with that doctor and any others who give you care; to receive all the information necessary for you to understand your medical problems, the planned course of treatment (including a full explanation about each day's procedures and tests) and the prognosis or medical outlook for your future; to receive adequate instruction in self-care, prevention of disability and maintenance of health. You have the right to ask the doctor any questions that concern you about your health. You have the right to know who will perform a test or an operation, and the right to refuse it. Because this is a university hospital, you may come across doctors, nurses and other health workers in training, or you may be asked to participate in special studies. We believe that the presence of students adds to the quality of care. Nevertheless, you

have the right to have a full explanation of any research study or any training program for students before you agree to participate in it, and the right to refuse to participate. If you agree to the diagnostic and therapeutic procedures recommended by your doctor, you may be asked to sign a consent form, but if you refuse, you have the right to receive the best help that the Hospital can still offer under the circumstances.

6. You have the right to leave the Hospital even if your doctors advise against it, unless you have certain infectious diseases which may influence the health of others, or if you are incapable of maintaining your own safety, as defined by law. If you do decide to leave before the doctors advise, the Hospital will not be responsible for any harm that this may cause you and you will be asked to sign a "Discharge Against Advice" form.

7. You have the right to inquire about the possibility of financial aid to help in the payment of your Hospital bills and the right to receive information and assistance in securing such aid.

Patients also have certain responsibilities which should be carried out in their own best interests:

Please keep appointments, or telephone the Hospital when you cannot keep a scheduled appointment; bring with you information about past illnesses, hospitalizations, medications and other matters relating to your health; be open and honest with us about instructions you receive concerning your health, that is, let us know immediately if you do not understand them or if you feel that the instructions are such that you cannot follow them.

You have the responsibility to be considerate of other patients, and to see that your visitors are considerate as well, particularly with reference to noise and smoking, which are usually very annoying to nearby patients.

You also have a responsibility to be prompt about payment of Hospital bills, to provide information necessary for insurance processing of your bills, and to be prompt about asking any questions you may have concerning your bills.

Beth Israel Hospital is interested in keeping you in the best health possible. If you feel you are not being treated fairly or properly, you have the right to discuss this with your doctor, nurse, unit manager, other health worker, or the Administrator-on-Call. You may also write a letter to the General Director, Beth Israel Hospital, Boston 02215. All correspondence will receive prompt and personal attention.

This message reflects the interest and philosophy of the entire staff of Beth Israel Hospital.

Concerned With Today's Illness and Tomorrow's Health.

/s/ Mitchell T. Rabkin
Mitchell T. Rabkin, M.D.
General Director

Notice — Writ of Certiorari Granted.

SUPREME COURT OF THE UNITED STATES
OFFICE OF THE CLERK
WASHINGTON, D.C. 20543

January 16, 1978

Louis Chandler, Esq.
99 High Street
Boston, Massachusetts 02110

RE: Beth Israel Hospital v. National
Labor Relations Board, No. 77-152

Dear Mr. Chandler:

The Court today took the following action in the above case:

"The petition for a writ of certiorari is granted."

Enclosed are memorandums describing the time requirements and procedures under the Rules.

The additional docketing fee of $50, Rule 52(a), is due and payable.

Very truly yours,

MICHAEL RODAK, JR., Clerk
By /s/ June M. Hoffman
(Miss) June M. Hoffman
Assistant Clerk

Enclosures